

United States Bankruptcy Court for the: DISTRICT OF OREGON

8 = 34282

Chapter you are filing under:

Chapter 7

Chapter 11

☐ Chapter 12

☐ Chapter 13

US BANKRUPTCY COUR DISTRICT OF OREGON

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amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 1. Your full name Write the name that is on your **MICHAEL** government-issued picture First name First name identification (for example, your driver's license or Middle name Middle name passport). **BRAXTON** Bring your picture identification to your meeting Last name l ast name with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) 2. All other names you have used in the last 8 First name First name years Include your married or Middle name Middle name maiden names. Last name Last name First name First name Middle name Middle name Last name Last name 3. Only the last 4 digits of xxx - xx - <u>0</u> <u>5</u> <u>7</u> <u>0</u> your Social Security number or federal Individual Taxpayer Identification number (ITIN)

MICHAEL	BRAXTON
First Name	Middle Name

First Name

Last Name

Case number (if ionown)	
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- Cross e			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers	☐ I have not used any business names or EINs.	☐ I have not used any business names or EINs.
	(EIN) you have used in	EMPOWEMENT CLINIC INC	
	the last 8 years	Business name	Business name
	Include trade names and		
	doing business as names	Business name	Business name
		20-8882205	•
		EIN	EIN
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		9452 SOUTHWEST MAPLEWOOD DRIVE	
		Number Street	Number Street
		F 50	
		F 56	
		TIOARD OF 07222	
		TIGARD OR 97223 City State ZIP Code	City State ZIP Code
			·
		WASHINGTON COUNTY	County
		County	·
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
6.	Why you are choosing	Check one:	Check one:
	this district to file for	☑ Over the last 180 days before filing this petition, I	Over the last 180 days before filing this petition, I
	bankruptcy	have lived in this district longer than in any other district.	have lived in this district longer than in any other district.
		☐ I have another reason. Explain.	☐ I have another reason. Explain.
		(See 28 U.S.C. § 1408.)	(See 28 U.S.C. § 1408.)
		(000 20 0.0.0. 8 1700.)	(555 25 5.5.5. 3 1 155.)

Debtor	1
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MICHAEL BRAXTON
First Name Middle Name

Last Name	

Case number (if known)	
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Tell the Court About Your Bankruptcy Case

7.	The chapter of the Bankruptcy Code you are choosing to file under	Check or for Bankr Chap Chap Chap Chap	uptcy (Footer 7 oter 11 oter 12	a brief description of each, see orm 2010)). Also, go to the top	e Notice	e Required by 11 t ge 1 and check the	U.S.C. § 342(b) for Individuals Filing appropriate box.
8.	How you will pay the fee	local yours subm with I nee for Ir I req By la less pay t	court for self, you nitting you a pre-pind to pardividual uest the w, a juothan 15 he fee i	or more details about how a may pay with cash, cash our payment on your behavinted address. The set of the fee in installments at my fee be waived (You age may, but is not require 10% of the official poverty lies.	you m er's cl lf, you . If you . Instal . may d to, w ne tha	ay pay. Typically neck, or money or r attorney may p u choose this opti liments (Official If request this option vaive your fee, a to applies to your soption, you mu	order. If your attorney is any with a credit card or check tion, sign and attach the <i>Application</i> Form 103A). In only if you are filing for Chapter 7. Ind may do so only if your income is a family size and you are unable to last fill out the <i>Application to Have the</i>
9.	Have you filed for bankruptcy within the last 8 years?	☑ No ☐ Yes.	District		When When When	MM / DD / YYYY	
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☑ No □ Yes.	Debtor District Debtor District		When	MM / DD / YYYY	Case number, if known
11.	Do you rent your residence?	☐ No. ☑ Yes.	☑ No.	ur landlord obtained an evictio Go to line 12.			<i>Against You</i> (Form 101A) and file it as

irst Name Mide

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ase number	Lif tenesion	

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S.	-	Ε	ı n	-	٠.	н

Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Ø	No.	Go	to	P	art	4

Yes. Name and location of business

Name of business, if any

lumber	Street		

City	State	ZIP Code

C

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☑ No. I am not filing under Chapter 11.
- ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4:

Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

4	ΝO	

☐ Yes. What is the hazard??

If immediate attention is needed, why is it needed? _____

Where	is	the	property??	
			' ' ' '	

Number

Street

City State ZIP Code

Voluntary Petition for Individuals Filing for Bankruptcy

Last Name

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About	Debtor	1:
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You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am	not	require	d to	receive	а	briefing	abou
cred	lit co	unselir	ıa b	ecause o	of:	!	

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

My physical disability causes me Disability.

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 davs.

I am not required to receive a briefing a	bout
credit counseling because of:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me Disability.

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Firet Name

Middle Name

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Case number (if known)

16. What kind of debts do	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8)
you have?	as "incurred by an individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. ☐ Yes. Go to line 17.
	16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
	□ No. Go to line 16c. □ Yes. Go to line 17.
	16c. State the type of debts you owe that are not consumer debts or business debts.
17. Are you filing under Chapter 7?	□ No. I am not filing under Chapter 7.
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	 ✓ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? ✓ No ☐ Yes
18. How many creditors do you estimate that you owe?	✓ 1-49 □ 50-99 □ 100-199 □ 200-999
19. How much do you estimate your assets to be worth?	□ \$50,001-\$100,000 ★ \$100,001-\$500,000 □ \$500,001-\$1 million
20. How much do you estimate your liabilities to be?	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million
Part 7: Sign Below	
For you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.
	If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter 7, and I choose to proceed under Chapter 7.
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.
	I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 154, 1341, 1519, and 3571.
	* Muhael Branch *
	Signature of Debtor 1 Signature of Debtor 2

Executed on MM / DD / YYYY

n	ab¹	to	r 1

First Name

Middle Name

Last Name

Case number (if known)_____

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

	Are you awar consequence No Yes	re that filing for bankruptcy is a serious actions?	on with long-te	rm financial and legal
		re that bankruptcy fraud is a serious crime a r incomplete, you could be fined or imprison		bankruptcy forms are
	☑ No ☐ Yes. Nam	or agree to pay someone who is not an atto e of Person ch Bankruptcy Petition Preparer's Notice, Deck		·
×	have read an	ere, I acknowledge that I understand the risk and understood this notice, and I am aware the cause me to lose my rights or property if I o	at filing a banl	ruptcy case without an
	Signature of D	Pebtor 1	Signature of De	btor 2
	Date	MM/DD /YYYY	Date	MM / DD / YYYY
	Contact phone	5039842173	Contact phone	
	Cell phone	5039842173	Cell phone	
	Email address	MBRAXTON203@GMAIL.COM	Email address	

Fill in this information to identify your case:					
Debtor 1	MICHAEL BRAX	TON Middle Name	Last Nam	e	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Nam	ae	
United States I	Bankruptcy Court for the:	DISTRICT	OF ORE	EGON	
Case number (If known)					

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

For any creditors that you listed in Part 1 of Schedule D: 0 information below.	litors Who Have Claims Secured by Property (Official Form 106D), fill in the		
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?	
Creditor's	☐ Surrender the property.	☐ No	
name:	Retain the property and redeem it.	Yes	
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.		
Scouring dept.	Retain the property and [explain]:		
Creditor's		□ No	
name:			
Description of property securing debt:	☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement.	Yes	
securing dept.	Retain the property and [explain]:		
Creditor's	☐ Surrender the property.	☐ No	
name:	Retain the property and redeem it.	Yes	
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.		
Scouring debt.	☐ Retain the property and [explain]:		
Creditor's	☐ Surrender the property.	□ No	
name:	Retain the property and redeem it.	☐ Yes	
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.		
	Retain the property and [explain]:		

De	bti	or	1

BRAXTON

First Name Middle Name

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Case number	(If known)

Part 2:

List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: MAIN STREET VILLAGE APARTMENTS	□ No
Description of leased RENT property:	☑ Yes
Lessor's name: HYUNDAI FINANCIAL	☐ No
Description of leased VEHICLE LEASE - 2017 HYNDAI SONATA property:	☑ Yes
Lessor's name: Bright water at Radhewll Description of leased property: Red hewle	□ No
Description of leased property:	Yes
Lessor's name:	□ No
	☐ Yes
Description of leased property:	
Lessor's name:	□ No
Description of leased property:	☐ Yes
Lessor's name:	sa. Landa dal dal 4º di comunicación de compositor de entre consect na municipal de la conferencia del Conferencia del Conferencia de la C
Description of leased property:	Yes
Lessor's name:	☐ No
Description of leased property:	☐ Yes
rt 3: Sign Below	
Inder penalty of perjury, I declare that I have indicated my intention about any property of nersonal property that is subject to an unexpired lease.	ny estate that secures a debt and any
milos Brazes x	
Signature of Debtor 2	
Date 1211128	•
MM / DD / YYYY	

Fill in this information to identify your case:					
Debtor 1 MICHAEL BRAXTON					
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court fo	or the: DISTRICT C	OF OREGON		
Case number	(If known)				

Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

P	art 1:	Summarize Your Assets		-
1.		rle A/B: Property (Official Form 106A/B) by line 55, Total real estate, from <i>Schedule A/B</i>	Your ass Value of	what you own
	1b. Cop	by line 62, Total personal property, from Schedule A/B	\$	2441.00
	1c. Cop	y line 63, Total of all property on <i>Schedule A/B</i>	\$	2441.00
P	art 2:	Summarize Your Liabilities		452,441
3.	2a. Cop Schedu 3a. Cop 3b. Cop	Ide D: Creditors Who Have Claims Secured by Property (Official Form 106D) by the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	Your lia Amount \$ \$ + \$	2000.00 681545.10
12	art 3:	Summarize Your Income and Expenses		
4.		our combined monthly income from line 12 of Schedule I	\$	4750.00
5.		our monthly expenses from line 22c of Schedule J	\$	4355.00

De	htor	1

MICHAEL BRAXTON First Name Middle Name

Last Name

Case number	(if known)		

6	Are you filing for bankruptcy under Chapters 7, 11, or 13?		
	☑ No. ☑ Yes		
7. 1	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpo	individual primarily for a personses. 28 U.S.C. § 159.	onal,
	Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules.	t of the form. Check this box ar	nd submit
	From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	come from Official	\$ 5442.00
. (Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :		
		Total claim	
	From Part 4 on <i>Schedule E/F</i> , copy the following:	Total claim	
	From Part 4 on <i>Schedule E/F</i> , copy the following: 9a. Domestic support obligations (Copy line 6a.)	Total claim \$	
	9a. Domestic support obligations (Copy line 6a.)	\$	
	9a. Domestic support obligations (Copy line 6a.) 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	
	9a. Domestic support obligations (Copy line 6a.) 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	
	9a. Domestic support obligations (Copy line 6a.) 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as	\$	

Fill in this information to identify your case and this	s filling:		
Debtor 1 MICHAEL BRAXTON			
First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: DISTRICT	OF OREGON		
Case number			
		<u></u>	Check if this is an amended filing
			amonada ming
Official Form 106A/B			
Schedule A/B: Propert	у		12/15
In each category, separately list and describe item category where you think it fits best. Be as compleresponsible for supplying correct information. If m write your name and case number (if known). Answer	ete and accurate as possible. If two married people ore space is needed, attach a separate sheet to thi ver every question.	e are filing together, bo is form. On the top of a	th are equally
Part 1: Describe Each Residence, Building,	Land, or Other Real Estate You Own or Hav	e an Interest In	
1. Do you own or have any legal or equitable intere	st in any residence, building, land, or similar prope	erty?	
No. Go to Part 2.			
Yes. Where is the property?	What is the property? Check all that apply.		in a property of the property
12715 Chillouthone	Single-family home	Do not deduct secured cla the amount of any secure	d claims on Schedule D:
1.1. Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Clair	ns Secured by Property.
	Condominium or cooperative	Current value of the entire property?	Current value of the portion you own?
	 ✓ Manufactured or mobile home ✓ Land 	4 SOVAY	s 450,00
+ 10 1 AB 97223	☐ Investment property	\$ <u> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	* 190 100°
City State ZIP Code	Timeshare	Describe the nature of interest (such as fee	of your ownership
	Other	the entireties, or a life	
11112 200	Who has an interest in the property? Check one.		
(Nashing TUY)	Debtor 1 only		
County	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
	☐ At least one of the debtors and another	(see instructions)	
	Other information you wish to add about this it		
Control of the contro	property identification number:		
If you own or have more than one, list here:	What is the property? Check all that apply.	Da and dadout account alo	inn an avenantions. Dut
	☐ Single-family home	Do not deduct secured cla the amount of any secure	d claims on Schedule D:
1.2. Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Clair	ns Secured by Property.
Official additions, if available, of other accomplish	Condominium or cooperative		Current value of the
	☐ Manufactured or mobile home☐ Land	entire property?	portion you own?
	☐ Investment property	\$	Φ
City State ZIP Code	☐ Timeshare	Describe the nature of interest (such as fee	
City State ZIP Code	Other	the entireties, or a life	
	Who has an interest in the property? Check one.		
	Debtor 1 only		
County	Debtor 2 only	Повети	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is co (see instructions)	mmunity property
		,	
	Other information you wish to add about this ite property identification number:	m, such as local	

Schedule A/B: Property

ebtor 1	MICHAEL BRA		Case number (if k	known)	
	First Name Middle	Rame Last Name			
1.3.			What is the property? Check all that apply. Gingle-family home	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
1.0.	Street address, if available	e, or other description	Duplex or multi-unit building		, , ,
			Condominium or cooperative	Current value of the entire property?	portion you own?
			Manufactured or mobile home	¢	ę.
			Land	Ψ	Ψ
	0.11	Olaka ZID Cada	Investment property	Describe the nature of	of your ownership
	City	State ZIP Code	Timeshare Other	interest (such as fee the entireties, or a life	simple, tenancy by
			Who has an interest in the property? Check one.		
			Debtor 1 only		
	County		Debtor 2 only		
			Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
			☐ At least one of the debtors and another	(see instructions)	
			Other information you wish to add about this ite property identification number:	em, such as local	
Add t	he dollar value of the	portion you own for al	II of your entries from Part 1, including any entries	s for pages	\$ 0.00
ou h	nave attached for Part	1. Write that number h	nere	→	Ψ
rt 2:	Describe Your \	/ehicles		ngga na ana	
you ou own	own, lease, or have leg that someone else drive vans, trucks, tractors	gal or equitable interes es. If you lease a vehicle	st in any vehicles, whether they are registered or e e, also report it on <i>Schedule G: Executory Contracts</i> a	not? Include any vehicle: and Unexpired Leases.	s
you o I own Cars,	own, lease, or have leg that someone else drive vans, trucks, tractors	gal or equitable interes es. If you lease a vehicle	e, also report it on Schedule G: Executory Contracts	not? Include any vehicle: and Unexpired Leases.	s
you o own Cars,	own, lease, or have leg that someone else drive vans, trucks, tractors	gal or equitable intereses. If you lease a vehicles, sport utility vehicles	e, also report it on <i>Schedule G: Executory Contracts</i> and the second se	and Unexpired Leases.	
you o own Cars,	own, lease, or have leg that someone else drive vans, trucks, tractors	gal or equitable intereses. If you lease a vehicles, sport utility vehicles	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one.	not? Include any vehicle: and Unexpired Leases. Do not deduct secured clatte amount of any secure	aims or exemptions. Put
you o own Cars, D No	own, lease, or have leg that someone else drive vans, trucks, tractors o	gal or equitable intereses. If you lease a vehicles, sport utility vehicles	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one.	and Unexpired Leases. Do not deduct secured cla	aims or exemptions. Put d claims on <i>Schedule D:</i>
you o own Cars, D No	own, lease, or have leg that someone else drive vans, trucks, tractors o es	gal or equitable intereses. If you lease a vehicles, sport utility vehicles	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	and Unexpired Leases. Do not deduct secured clause amount of any secure	aims or exemptions. Put d claims on Schedule D: ms Secured by Property.
you o own Cars, D No	own, lease, or have leg that someone else drive vans, trucks, tractors o es Make: Model:	gal or equitable intereses. If you lease a vehicles, sport utility vehicles HYUNDAI SONATA	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	and Unexpired Leases. Do not deduct secured clause amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on Schedule D: ms Secured by Property.
you o own Cars, D No	own, lease, or have leg that someone else drive vans, trucks, tractors o es Make: Model: Year: Approximate mileage:	gal or equitable intereses. If you lease a vehicles, sport utility vehicles HYUNDAI SONATA 2017	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clause amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of th portion you own?
you o own Cars, D No	that someone else driven vans, trucks, tractors of es Make: Model: Year: Approximate mileage: Other information:	gal or equitable intereses. If you lease a vehicles, sport utility vehicles HYUNDAI SONATA 2017 25000	e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. Current value of th portion you own?
you o own Cars, D No	own, lease, or have leg that someone else drive vans, trucks, tractors o es Make: Model: Year: Approximate mileage:	gal or equitable intereses. If you lease a vehicles, sport utility vehicles HYUNDAI SONATA 2017 25000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured clause amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. Current value of th portion you own?
you cown Cars, No	own, lease, or have leg that someone else drive vans, trucks, tractors oes Make: Model: Year: Approximate mileage: Other information: NEW CONDITION - L	gal or equitable intereses. If you lease a vehicles, sport utility vehicles HYUNDAI SONATA 2017 25000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured clause amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. Current value of th portion you own?
you cown Cars, N Y 3.1.	own, lease, or have leg that someone else drive vans, trucks, tractors o es Make: Model: Year: Approximate mileage: Other information: NEW CONDITION - Leave own or have more than	gal or equitable intereses. If you lease a vehicles, sport utility vehicles HYUNDAI SONATA 2017 25000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured clause amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of th portion you own? LEASED
you on own Cars, No You	own, lease, or have leg that someone else drive vans, trucks, tractors oes Make: Model: Year: Approximate mileage: Other information: NEW CONDITION - Leave own or have more than Make:	gal or equitable intereses. If you lease a vehicles, sport utility vehicles HYUNDAI SONATA 2017 25000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 35000.00	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$LEASED aims or exemptions. Put d claims on Schedule D:
you cown Cars, N Y 3.1.	own, lease, or have leg that someone else drive vans, trucks, tractors o es Make: Model: Year: Approximate mileage: Other information: NEW CONDITION - Leave own or have more than	gal or equitable intereses. If you lease a vehicles, sport utility vehicles HYUNDAI SONATA 2017 25000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$35000.00 Do not deduct secured cla	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$LEASE[] aims or exemptions. Put d claims on Schedule D:
you cown Cars, N Y 3.1.	own, lease, or have leg that someone else drive vans, trucks, tractors oes Make: Model: Year: Approximate mileage: Other information: NEW CONDITION - Leave own or have more than Make:	gal or equitable intereses. If you lease a vehicles, sport utility vehicles HYUNDAI SONATA 2017 25000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$35000.00 Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$
you on own Cars, N Y 3.1.	own, lease, or have leg that someone else drive vans, trucks, tractors oes Make: Model: Year: Approximate mileage: Other information: NEW CONDITION - Lease own or have more than Make: Model:	gal or equitable intereses. If you lease a vehicles, sport utility vehicles HYUNDAI SONATA 2017 25000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 35000.00 Do not deduct secured clathe amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$LEASED aims or exemptions. Put d claims on Schedule D: ms Secured by Property.
you cu own Cars, No 1 Ye 3.1.	own, lease, or have leg that someone else drive vans, trucks, tractors oes Make: Model: Year: Approximate mileage: Other information: NEW CONDITION - Lease own or have more than Make: Model: Year:	gal or equitable intereses. If you lease a vehicles, sport utility vehicles HYUNDAI SONATA 2017 25000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$35000.00 Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ LEASED aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the portion you own?
Cars, Cars, No of Ye	own, lease, or have leg that someone else drive vans, trucks, tractors oves Make: Model: Year: Approximate mileage: Other information: NEW CONDITION - Lease own or have more than Make: Model: Year: Approximate mileage:	gal or equitable intereses. If you lease a vehicles, sport utility vehicles HYUNDAI SONATA 2017 25000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$35000.00 Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$

Schedule A/B: Property page 2

Official Form 106A/B

Debtor	1
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MICHAEL BRAXTON First Name Middle Name

Middle	Name	

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3.3.	Make: Model: Year: Approximate mileage: Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured clathe amount of any securer Creditors Who Have Clain Current value of the entire property?	d claims on Schedule D:
3.4.	Make: Model: Year: Approximate mileage: Other information:	instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$	d claims on <i>Schedule D:</i>
	nples: Boats, trailers, motors, personal watercr lo es Make: Model:	er recreational vehicles, other vehicles, and access aft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only		d claims on <i>Śchedule D:</i>
	Year: Other information:	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	Current value of the entire property?	Current value of the portion you own?
	own or have more than one, list here:			
If you	Make: Model: Year: Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property?	l claims on Schedule D:

Case number (if known)_

Last Name

Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6. Household goods and furnishings	
Examples: Major appliances, furniture, linens, china, kitchenware	
☐ No ☐ Yes. Describe BED, BEDDING, CHAIRS, COOKING UTENSILS, COUCH, EAUTENSILS, MICROWAVE, AND TOWELS	ATING \$
7. Electronics	
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scar collections; electronic devices including cell phones, cameras, media players, games	nners; music
□ No □ Yes. Describe COMPUTER, SMARTPHONE, AND TV	\$1000.00
8. Collectibles of value	
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	s;
☑ No □ Yes. Describe	\$
9. Equipment for sports and hobbies	
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, and kayaks; carpentry tools; musical instruments	skis; canoes
☑ No	0.00
Yes, Describe	\$
10. Firearms	
Examples: Pistols, rifles, shotguns, ammunition, and related equipment No	annian dan makan mak
☐ Yes. Describe	\$0.00
11. Clothes	
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No	ners segresser den senson de la la companya de la companya del la companya de la
Yes. Describe ALL CLOTHES AND FOOTWEAR	\$450.00
12. Jewelry	
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, wato gold, silver	ches, gems,
☑ No ☐ Yes. Describe	\$
13. Non-farm animals	
Examples: Dogs, cats, birds, horses	
☑ No	0.00
Yes, Describe	\$
14. Any other personal and household items you did not already list, including any health aids you d	lid not list
☑ No	
Yes. Give specific information	\$
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have a	
for Part 3. Write that number here	and the second of the second o

First Name	Middle	Mama

1 4	Name	

Case number (if known)	
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	Ξ	•	9	
ш.	شكك		Bu.	188

Describe Your Financial Assets

Do you own or have any	legal or equitable interest in	any of the following?	portion y	luct secured claims
16. Cash <i>Examples:</i> Money you l	have in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file your petition		
☐ No				
2 Yes		Cash:	\$	100.00
and other si	avings, or other financial accol imilar institutions. If you have n	unts; certificates of deposit; shares in credit unions, brokerage hous nultiple accounts with the same institution, list each.	ses,	
□ Yes		Institution name:		
	17.1. Checking account:	WELLS FARGO	\$	-509.00
	17.2. Checking account:		\$	
	17.3. Savings account:	1.000	\$	
	17.4. Savings account:		\$	
	17.5. Certificates of deposit:		\$	
	17.6. Other financial account:		\$	- statio
	17.7. Other financial account:		\$	- VIIIIA
	17.8. Other financial account:		\$	
	17.9. Other financial account:		\$	
Examples: Bond funds,	or publicly traded stocks investment accounts with brok	erage firms, money market accounts		
☑ No ☐ Yes	Institution or issuer name:			
			\$	
			\$	
			\$	
19. Non-publicly traded s an LLC, partnership, a		orated and unincorporated businesses, including an interest in	ı	
☑ No	Name of entity:	% of ownership:		
Yes. Give specific information about		%	\$	
them		%		
		%	\$	

, and the second	mo are arose you can	not transfer to someone by signing or delivering them.	
☑ No			
Yes. Give specific information about	Issuer name:		
them			\$
			\$ \$
			Y
Retirement or pension Examples: Interests in IF		1(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
☑ No			
Yes. List each account separately.	Type of account:	Institution name:	
	401(k) or similar plan:		\$
	Pension plan:		\$
	IRA:		\$
	Retirement account:		\$
	Keogh:		\$
	Additional account:		\$
	A dditional accounts		
22. Security deposits and p Your share of all unused		ade so that you may continue service or use from a company	\$
Your share of all unused	prepayments I deposits you have ma		\$
Your share of all unused Examples: Agreements	prepayments I deposits you have ma	ade so that you may continue service or use from a company	\$
Your share of all unused Examples: Agreements of companies, or others	prepayments I deposits you have ma with landlords, prepaid	ade so that you may continue service or use from a company	\$
Your share of all unused Examples: Agreements companies, or others No	prepayments I deposits you have ma with landlords, prepaid	ade so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications	\$\$
Your share of all unused Examples: Agreements companies, or others No	prepayments I deposits you have ma with landlords, prepaid	ade so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications itution name or individual:	\$\$ \$\$
Your share of all unused Examples: Agreements companies, or others No	prepayments I deposits you have may with landlords, prepaid Inst Electric: Gas: Heating oil:	ade so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications itution name or individual:	\$\$
Your share of all unused Examples: Agreements companies, or others No	prepayments I deposits you have may with landlords, prepaid Inst Electric: Gas: Heating oil: Security deposit on rent	ade so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications itution name or individual:	\$\$
Your share of all unused Examples: Agreements companies, or others No	prepayments I deposits you have may with landlords, prepaid Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent:	ade so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications itution name or individual:	\$\$
Your share of all unused Examples: Agreements companies, or others No	prepayments I deposits you have may with landlords, prepaid Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone:	ade so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications itution name or individual:	\$\$
Your share of all unused <i>Examples:</i> Agreements companies, or others	prepayments I deposits you have may with landlords, prepaid Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water:	ade so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications itution name or individual:	\$\$
Your share of all unused Examples: Agreements companies, or others No	prepayments I deposits you have may with landlords, prepaid Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented furniture:	ade so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications itution name or individual:	\$\$
Your share of all unused <i>Examples:</i> Agreements companies, or others	prepayments I deposits you have may with landlords, prepaid Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water:	ade so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications itution name or individual:	\$\$
Your share of all unused Examples: Agreements of companies, or others No Yes	prepayments I deposits you have may with landlords, prepaid Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented furniture: Other:	ade so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications itution name or individual:	\$\$
Your share of all unused Examples: Agreements of companies, or others No Yes	prepayments I deposits you have may with landlords, prepaid Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented furniture: Other:	ade so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications itution name or individual: al unit: MAIN STREET VILLAGE & Bright Materix Rollham	\$\$
Your share of all unused Examples: Agreements of companies, or others No Yayes	prepayments I deposits you have may with landlords, prepaid Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented furniture: Other:	ade so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications itution name or individual: al unit: MAIN STREET VILLAGE & Bright Material Rollham from the property of the prop	\$\$
Your share of all unused Examples: Agreements of companies, or others No Yayes	prepayments I deposits you have may with landlords, prepaid Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented furniture: Other: r a periodic payment of	ade so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications itution name or individual: al unit: MAIN STREET VILLAGE & Bright Material Rollham from the property of the prop	\$\$

Debtor 1 MICHAEL BRAXTON	Case number (if known)	
First Name Middle Name Last Name		•
24. Interests in an education IRA, in an account in a qualified ABLE program, or und 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ✓ No ☐ Yes		
institution name and description. Separately life the re-	cords of any interests. IT 0.0.0. § 02	e
		_
		_ •
		Φ
25. Trusts, equitable or future interests in property (other than anything listed in line exercisable for your benefit	e 1), and rights or powers	
☑ No		
☐ Yes. Give specific information about them		\$ 0.00
Inomator about trem		
26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing ag ✓ No	greements	
☐ Yes, Give specific information about them		\$ 0.00
mornatori about troit		
 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquid No 	or licenses, professional licenses	
☐ Yes. Give specific information about them		\$
Money or property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you		
☑ No		
☐ Yes. Give specific information	Federal:	\$
about them, including whether you already filed the returns	State:	\$
and the tax years	Local:	\$
29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance.	ce, divorce settlement, property settle	ment
☑ No	AND THE PARTY OF T	
☐ Yes. Give specific information	Alimony:	\$
	Maintenance:	\$
	Support:	\$

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,

Social Security benefits; unpaid loans you made to someone else

☑ No

☐ Yes. Give specific information.....

0.00

Divorce settlement: Property settlement:

Debtor 1	MICHAEL BRAXTON		Case number (if known)	
	First Name Middle Name	Last Name		
	s in insurance policies s: Health, disability, or life insuran	ice;health savings account (HSA);credit, homeo	wner's, or renter's insurance	
No.				
	Name the insurance company	Company name:	Beneficiary:	Surrender or refund value:
	of each policy and list its value	Pennon-Rators		¢ 0.00
		an tree muitable		s 0.00
		What he bester a methal	VA TON ALL RANK HO	\$
		1001, 1,1000 10 01 1 101001	- THE CONT DICTION	\$
32. Any inte	rest in property that is due you	trom someone wno nas died		
If you are property	e the beneficiary of a living trust, e because someone has died.	expect proceeds from a life insurance policy, or a	are currently entitled to receive	
If you are property No		expect proceeds from a life insurance policy, or a	are currently entitled to receive	\$0.00
If you are property No Yes.	because someone has died. Give specific information	expect proceeds from a life insurance policy, or a		\$0.00
If you are property No Yes.	because someone has died. Give specific information	expect proceeds from a life insurance policy, or a		\$0.00
If you are property No Yes. 33. Claims a Example	because someone has died. Give specific information	expect proceeds from a life insurance policy, or a		Φ
If you are property No Yes. 33. Claims a Example	because someone has died. Give specific information against third parties, whether or es: Accidents, employment dispute	expect proceeds from a life insurance policy, or a		\$
If you are property No Yes. 33. Claims a Example No Yes.	because someone has died. Give specific information	expect proceeds from a life insurance policy, or a	and for payment	Φ
If you are property No Yes. 33. Claims a Example No Yes. 34. Other co	because someone has died. Give specific information	expect proceeds from a life insurance policy, or a support of the proceeds from a life insurance policy, or a support of the process of the p	and for payment	Φ

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-relat	ed property?
☑ No. Go to Part 6.	
☐ Yes. Go to line 38.	

38. Accounts receivable or commissions you already earned

for Part 4. Write that number here

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached

35. Any financial assets you did not already list

☐ Yes. Give specific information.....

No

Current value of the portion you own?

Do not deduct secured claims or exemptions.

0.00

91.00

□ No	, many
Yes, Describe	
	\$
9. Office equipment, furnishings, and supplies	

Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No
Yes. Describe......

First Name	Middle Name Last Name		
	quipment, supplies you use in business, and tools of your trade		
□ No			
Yes. Describe			\$
ļ _{os}			
41. Inventory			
☐ No ː			W
Yes. Describe			\$
<u>l.</u>			
42. Interests in partnersh	ips or joint ventures		
☐ No			
Yes. Describe	Name of entity:	% of ownership:	
		%	\$
			\$
	,	<u></u> %	\$
			Y
43. Customer lists, mailin	g lists, or other compilations		
☐ No			
Yes. Do your lists	include personally identifiable information (as defined in 11 U.S.C. § 101(4	1A)) ?	
☐ No			ding
Yes. Desc	ribe		\$
			Ψ
44 Any husiness-related	property you did not already list		
No	proporty you are not arroady not		
Yes. Give specific			\$
information			-
			\$ <u>.</u>
	The second secon		\$
			\$
			\$
			\$
		and the second s	Ψ
	of all of your entries from Part 5, including any entries for pages you have		8 0
for Part 5. Write that i	number here		
Standard, Marketon Mala			
Part 6: Describe A	ny Farm- and Commercial Fishing-Related Property You Own or	Have an Interest II	1.
If you own o	r have an interest in farmland, list it in Part 1.	****	
	ny legal or equitable interest in any farm- or commercial fishing-related p	roperty?	
✓ No. Go to Part 7. ☐ Yes. Go to line 47.			
Yes. Go to line 47.			O
			Current value of the portion you own?
			Do not deduct secured claims
			or exemptions.
47. Farm animals	W 6		
	oultry, farm-raised fish		
□ No			y
☐ Yes			
TOTAL PARTY OF THE			\$
301			-

Case number (if known)

MICHAEL BRAXTON

Debtor 1

Debtor 1	MICHAEL BRAXTON	Case number (if known)	
	First Name Middle Name Last Name		
48. Crops—e	ither growing or harvested		
☐ No			NAME OF THE PROPERTY OF THE PR
	Give specific nation		\$
	fishing equipment, implements, machinery, fixtur	res. and tools of trade	incacion municipal de la constantina della const
☐ No			
Yes			•
	Section 1.		\$
50. Farm and	l fishing supplies, chemicals, and feed		
			\$
51. Any farm	- and commercial fishing-related property you did	not already list	
	Give specific		
	nation		5
	dollar value of all of your entries from Part 6, inclu	ding any entries for pages you have attached	→ \$ 0.00
			American Ame
Part 7:	December All Dreverty Very Own or Hove	e an Interest in That You Did Not List Ab	nove.
rant /:	Describe All Property Tou Own of Have	an interest in that You bid Not bist An	1000
	ave other property of any kind you did not already Season tickets, country club membership		
☑ No			\$
	Give specific nation		\$
			\$
		di et escente en la con	_ 8 0
54. Add the d	dollar value of all of your entries from Part 7. Write	that number here	7
Part 8:	List the Totals of Each Part of this Form	m	
55. Part 1: To	otal real estate, line 2		→ \$
56. Part 2: To	otal vehicles, line 5	\$0.00	
	otal personal and household items, line 15	\$ 2350.00	
	otal financial assets, line 36	\$ 91.00	
	otal business-related property, line 45	s 0	
	otal farm- and fishing-related property, line 52	\$ 0.00	·
			
o1. Part /: 10	otal other property not listed, line 54	0.111.00	0444.00
62. Total per	sonal property. Add lines 56 through 61	\$Copy personal property to	otal → + \$ 2441.00
			\$ 2441.00
63. Total of a	II property on Schedule A/B. Add line 55 + line 62		\$

Official Form 106A/B

Schedule A/B: Property

ebtor 1	MICHAEL BRAXTON			
obtor 1	First Name	Middle Name	Last Name	
ebtor 2				
pouse, if filing) First Name	Middle Name	∠ Last Name	
nited States	Bankruptcy Court for the	, DISTRICT	OF OREGON	

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

☐ You are clai	cemptions are you claiming? iming state and federal nonbanl iming federal exemptions. 11 U	kruptcy exe	emptions. 11 t			
For any proper	ty you list on <i>Schedule A/B</i> tl	nat you cla	aim as exemp	ot, fill in th	e information below.	
	on of the property and line on that lists this property	Current v	value of the you own	Amount	of the exemption you claim	Specific laws that allow exemption
		Copy the Schedule	value from A/B	Check on	ly one box for each exemption	
Brief description:	HOUSEHOLD	\$	900.00	☑ \$	600.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	6				of fair market value, up to pplicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description:	ELECTRONICS	\$	1000.00	☑ \$	600.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	7				of fair market value, up to pplicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description:	CLOTHES	\$	450.00	☑ \$	450.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	11				of fair market value, up to pplicable statutory limit	
	ng a homestead exemption o			on filed on	or offer the data of adjustme	ont)

page 1

☐ Yes

Debtor 1

MICHAEL BRAXTON

Firet Name

Middle Name

Last Name

Part 2:

Additional Page

	on of the property and line VB that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	CASH	\$100.00	\$100.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	16		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	MAIN STREET VILLAGE	\$500.00	⋬ \$	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	22 Rad	Hunk	any applicable statutory limit	
Brief description:	Bright moter AT	* 3098	₩s 2028	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	S	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:	·		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case Debtor 1 MICHAEL BRAXTON First Name Middle N. Debtor 2 (Spouse, if filing) First Name Middle N. United States Bankruptcy Court for the: DIST Case number (If known)	ome Last Name		☐ Check i amende	
Official Form 106D Schedule D: Graditors	s Who Have Claims Secure	ed by Pron	ertv	12/15
Be as complete and accurate as possible. information. If more space is needed, copy additional pages, write your name and cas 1. Do any creditors have claims secured by	If two married people are filing together, both are ed the Additional Page, fill it out, number the entries, e number (if known).	ually responsible fo	or supplying correct form. On the top of	t
Part 1: List All Secured Claims				
for each claim. If more than one creditor ha	ore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name Number Street City State ZIP Code	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed			
Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)	-		
community debt Date debt was incurred	Last 4 digits of account number			250000000000000000000000000000000000000
2.2	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name Number Street City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a	 □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) 	_		

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

_0

Date debt was incurred

I FI	Il in this information to identify your case:	and the second second				
l ne	ebtor 1 MICHAEL BRAXTON					
	First Name Middle Name	Last Name	•			
	ebtor 2 pouse, if filing) First Name Middle Name	Last Name	•			
1 ' '						
Ur	nited States Bankruptcy Court for the: DISTRICT	OF OREGON				
Cé	ase number				Check if amende	
(If	known)				amende	a ming
_	(Caial Farma 400F/F					
<u>U</u>	fficial Form 106E/F					
S	chedule E/F: Creditors W	/ho Have Unse	cured Clain	ns		12/15
-	as complete and accurate as possible. Use Part	4 for anaditors with DDIODITY	alaims and Bart 2 for	araditare with A	IONIDDIODITY	laime
list	as complete and accurate as possible. Ose Part t the other party to any executory contracts or u	nexpired leases that could res	ult in a claim. Also li	st executory cor	ntracts on Sche	dule
A/B	: Property (Official Form 106A/B) and on Schedu	ule G: Executory Contracts an	d Unexpired Leases (Official Form 10	6G). Do not incl	ude any
cre	ditors with partially secured claims that are liste	d in Schedule D: Creditors Wi	no Have Claims Secui	red by Property.	If more space is	S ha tan af
	ded, copy the Part you need, fill it out, number to additional pages, write your name and case nu		left. Attach the Conti	nuation Page to	this page. On t	ne top or
Pa	rt 1: List All of Your PRIORITY Unsecure	ed Claims				
1.	Do any creditors have priority unsecured claims	s against you?				
	☐ No. Go to Part 2.	-				
	☑ Yes.					
2.	List all of your priority unsecured claims. If a cre	editor has more than one priority	unsecured claim, list t	he creditor separa	ately for each cla	im. For
	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the c	a claim has both priority and nor	npriority amounts, list the	nat claim here and	show both prior	rity and
	unsecured claims, fill out the Continuation Page of	Part 1. If more than one creditor	holds a particular clain	n, list the other cre	editors in Part 3.	inosity
	(For an explanation of each type of claim, see the in					
				Total claim	•	Nonpriority
	1				amount	amount
2.1	LORRI BRAXTON	Last 4 digits of account numb	er UNKNOWN	\$_2000.00	\$ 2000.00 \$_	0.00
	Priority Creditor's Name					
	10765 SOUTHWEST 106TH AVENUE Number Street	When was the debt incurred?	2018			
	Multipet 2 geef	As of the date way file the ele	im in Charle all that and			
	TIGARD OR 97223	As of the date you file, the cla	im is: Check all that appl	у.		
	City State ZIP Code	☐ Contingent☐ Unliquidated				
	Who incurred the debt? Check one.	Disputed				
	☑ Debtor 1 only	·				
	Debtor 2 only	Type of PRIORITY unsecure	d claim:			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Domestic support obligations				
	☐ Check if this claim is for a community debt	Taxes and certain other debts	•			
		 Claims for death or personal intoxicated 	njury while you were	·		
	Is the claim subject to offset? ☑ No	Other. Specify				
	Yes	, , , , , , , , , , , , , , , , , , , ,				
2.2						
2.2	Priority Creditor's Name	Last 4 digits of account numb	er	\$	\$\$_	
		When was the debt incurred?				
	Number Street	As of the date you file, the cla	im is: Check all that appl	٧.		
		Contingent	ioi onoon an mar appi	, .		
	City State ZIP Code	Unliquidated				
1		Disputed				
	Who incurred the debt? Check one. Debtor 1 only	·				
	Debtor 2 only	Type of PRIORITY unsecure	d claim:			
	Debtor 1 and Debtor 2 only	Domestic support obligations				

intoxicated

Other. Specify

 $\hfill \square$ Taxes and certain other debts you owe the government

 $f \square$ Claims for death or personal injury while you were

☐ No ☐ Yes

☐ At least one of the debtors and another

Is the claim subject to offset?

 $f \square$ Check if this claim is for a community debt

				530		
•	a	m.	-10	6	m	
-		4	10		н	

List All of Your NONPRIORITY Unsecured Claims

3 [Oo any creditors have nonpriority unsecured	claims agains	st vou?	
	No. You have nothing to report in this part. So	mioi eini minat	to the court with your other schedules.	
	Yes Yes			
	tot all africana accordants apparatual alabas i	n tha alababa	etical order of the creditor who holds each claim. If a creditor ha	s more than one
4. L	list all of your nonpriority unsecured claims i	n the aiphabe	n claim. For each claim listed, identify what type of claim it is. Do no	t list claims already
r :	nonphonity unsecured claim, list the creditor sepa	rately for each	daim, list the other creditors in Part 3.If you have more than three no	nnriority unsecured
١	claims fill out the Continuation Page of Part 2.	a particular ci	datin, list the other creations in rate our you have more than allow he	mpriority andoodarda
,	dains ill out the Continuation rage of rait 2.			
				Total claim
				Target Committee
.1	AMEX		Last 4 digits of account number 7553	s 1046.00
	Nonpriority Creditor's Name		04/00/0040	\$ <u>1040.00</u>
	P O BOX 7871		When was the debt incurred? $01/09/2016$	
	Number Street	2000		
	FORT LAUDERDAL FL	33329	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	AS Of the date you me, the claim is. Offeck all that apply.	
			Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only			
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		☐ Student loans	
			Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a community debt		that you did not report as priority claims	
	In the claim auhiest to offeet?		Debts to pension or profit-sharing plans, and other similar debt	e e
	Is the claim subject to offset?		Other. Specify <u>CREDIT CARD</u>	5
	₩ No		Other, Specify CREDIT CARD	
	☐ Yes			
		Approximate and the State of th		s 1085.00
.2	BBY/CBNA		Last 4 digits of account number 9443	\$ <u>1000.00</u>
	Nonpriority Creditor's Name		When was the debt incurred? 11/01/2016	
	PO BOX 6497			
	Number Street		www.marane.edu	
		57117	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.		Unliquidated	
			☐ Disputed	
	Debtor 1 only			
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		* 1	
	At least one of the debtors and another		Student loans	
			Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a community debt		that you did not report as priority claims	
	Is the claim subject to offset?		 Debts to pension or profit-sharing plans, and other similar debt 	s
	<u> </u>		Other. Specify CREDIT CARD	
	No No			
	Yes	M1808C19480130380801212114WWWWWWTXTTERF		444444
.3			0700	
	CAPITAL ONE		Last 4 digits of account number <u>0703</u>	s 5337.00
	Nonpriority Creditor's Name,		When was the debt incurred? 03/19/2018	
	11013 W BROAD ST			
	Number Street			
	GLEN ALLEN VA	23060	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	As of the date you me, the claim is. Oncor an that apply.	
			Contingent	
	Who incurred the debt? Check one.		Unliquidated	
	☑ Debtor 1 only		Disputed	
	Debtor 2 only		was propured	
	Debtor 1 and Debtor 2 only		T. CHONDRIODITY	
			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		☐ Student loans	
	☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce	
	·		that you did not report as priority claims	
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debt	S
	✓ No		Other. Specify CREDIT CARD	
	Yes		- Oniol. Opcon) OTTEDIT OTTED	•

Middle	hla.	ma

Case number (if	f known)
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Part 2:

Afte	er listing any entries on this page, number the	n beginning with	4.4, followed by 4.5, and so forth.		Total claim
4.4	CHASE CARDMEMBER SERVICES		Last 4 digits of account number	6867	\$_9798.00
	Nonpriority Creditor's Name		- When was the debt incurred?	09/02/2016	
	P.O. BOX 6294 Number Street		-		
	Number Street CAROL STREAM IL	60197-6294	As of the date you file, the claim	is: Check all that apply.	
	City State	ZIP Code	☐ Contingent		
	Who incurred the debt? Check one.		☐ Unliquidated☐ Disputed		
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecu	red claim:	
	Debtor 1 and Debtor 2 only		Student loans		
	At least one of the debtors and another		Obligations arising out of a sepa		
	☐ Check if this claim is for a community debt		you did not report as priority clai		
	Is the claim subject to offset?		Debts to pension or profit-sharin Other. Specify CREDIT CA	g plans, and other similar debts ARD	
	☑ No		Curen speemy		
	Yes				
4.5	CHASE CARDMEMBER SERVICES		Last 4 digits of account number	7888	_{\$} _22746.00
	Nonpriority Creditor's Name		-	11/14/2007	
	P.O. BOX 6294		When was the debt incurred?	11/14/2007	
	Number Street	50407.0004	- As of the date you file, the claim	is: Check all that apply.	
	CAROL STREAM IL City State	60197-6294 ZIP Code	- Contingent		
	old state		☐ Unliquidated		
	Who incurred the debt? Check one.		☐ Disputed		
	Debtor 1 only				
	Debtor 2 only		Type of NONPRIORITY unsecu	red claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		Student loans		
			Obligations arising out of a sepa		
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharin	g plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify CREDIT CA	ARD	
	☑ No ☐ Yes				
4.6		abassandas e erines likuli 7. medienstanden minne dir kiloloodise vii distribus dies viiliks 40 me	agick grand (18 km aid an should an should an hardware are are mad to the should are send on the transfer of t		_{\$} 1523.10
l	CHEAPOAIR		Last 4 digits of account number	· <u>7066</u>	Ψ
	Nonpriority Creditor's Name		- When was the debt incurred?	06/12/2018	
	135 WEST, 50TH STREET,		- When was the dept meaned?	00/12/20	
	Number Street NEW YORK NY	10020	As of the date you file, the claim	is: Check all that apply.	
	City State	ZIP Code	Contingent		
			Unliquidated		
	Who incurred the debt? Check one.		Disputed		
	Debtor 1 only		Type of NONDRIGHTY upgoon	red claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecu	icu daiiii,	
	At least one of the debtors and another		☐ Student loans☐ Obligations arising out of a sepa	eration agreement or divorce that	
	_		you did not report as priority clai	ms	
	Check if this claim is for a community debt		Debts to pension or profit-sharin	g plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify DISPUTED	INAVEL CHARGE	
	✓ No ☐ Yes				
	La res				

iddle		

Part 2:

Afte	er listing any entries on this page, number them b	eginning with	4.4, followed by 4.5, and so forth.		Total claim
4.7	DISCOVER BNK		Last 4 digits of account number	7305	\$ 5349.00
	Nonpriority Creditor's Name		— When was the debt incurred?	02/25/2010	
	PO BOX 30948		— When was the dest incurred:		
	Number Street	0.4400	As of the date you file, the claim is	s: Check all that apply.	
	0,12,12,112,011	84130 IP Code	Contingent		
	Oity State 2	0040	Unliquidated		
	Who incurred the debt? Check one.		Disputed		
	Debtor 1 only		•		
	Debtor 2 only		Type of NONPRIORITY unsecure	d claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans		
	At least one of the debtors and another		Obligations arising out of a separa		
	☐ Check if this claim is for a community debt		you did not report as priority claim:		
	Is the claim subject to offset?		Debts to pension or profit-sharing Other. Specify OTHER	plans, and other similar debts	
	No		Cities, Opening	100	
	Yes				
4.8	EANNO OBETICOLINIO	27000000000000000000000000000000000000	Last 4 digits of account number	9686	_{\$} 326.00
	FANNO CREEK CLINIC Nonpriority Creditor's Name				
	2400 SW VERMONT STREET		When was the debt incurred?	<u>06/22/20</u> 18	
	Number Street			a. Ob a als all that analy	
	PORTLAND OR	97219	As of the date you file, the claim is	s: Check all that apply.	
	City State Z	IP Code	☐ Contingent		
	Who incurred the debt? Check one.		Unliquidated		
			☐ Disputed		
	Debtor 1 only		Type of NONPRIORITY unsecure	ed claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only			a olami.	
	At least one of the debtors and another		Student loans	stine agreement or divorce that	
			Obligations arising out of a separa you did not report as priority claim.	ation agreement or divorce triat	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing	plans, and other similar debts	
	Is the claim subject to offset?		☑ Other. Specify MEDICAL		
	₩ No				
	Yes				
4.9		nation of the Alleberg of the Proposition of the Charles and an article transit	ah a Al-alian tan Maranter samban da Antalik atalik simila da Al-alian kananakan da Antalik simila da Al-alian kananakan da Antalik simila	2261	\$ <u>84.00</u>
	KAY JEWELERS		Last 4 digits of account number _		
	Nonpriority Creditor's Name		When was the debt incurred?	<u>05/12/20</u> 18	
	PO BOX 4485				
	Number Street BEAVERTON OR	97076	As of the date you file, the claim is	s: Check all that apply.	
		ZIP Code	Contingent		
			Unliquidated		
	Who incurred the debt? Check one.		☐ Disputed		
	Debtor 1 only			.d -1-5	
	Debtor 2 only		Type of NONPRIORITY unsecure	ed claim:	
	Debtor 1 and Debtor 2 only		Student loans		
	At least one of the debtors and another		Obligations arising out of a separa you did not report as priority claim		
	Check if this claim is for a community debt		you did not report as priority claim Debts to pension or profit-sharing		
	Is the claim subject to offset?		Other, Specify CREDIT CAF	ŔD	
	✓ No ☐ Yes		•		

4 41 1	11 -	L1	
Mide	ne.	rvan	ne

Case nu	ımber	(if known)	
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Part 2:

listing any entries on this	page, number the	m beginning wit	th 4.4, followed by 4.5, and so forth.	Total
KOHLS/CAPONE			Last 4 digits of account number 1017	s 33°
Nonpriority Creditor's Name				\$ <u>00</u>
PO BOX 3115			When was the debt incurred? 10/10/2015	
Number Street			As of the date you file, the claim is: Check all that apply.	
MILWAUKEE	WI	53201		
City	State	ZIP Code	☐ Contingent☐ Unliquidated	
Who incurred the debt? Che	ck one.		Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors a	and another		 Obligations arising out of a separation agreement or divorce you did not report as priority claims 	e that
Check if this claim is for	a community debt		Debts to pension or profit-sharing plans, and other similar of	lebts
ls the claim subject to offse	t?		Other. Specify CREDIT CARD	
☑ No			•	
Yes				
PORTLAND GENERAL ELECTRIC	et indentione de la company	endelska teologiska suski s	Last 4 digits of account number <u>UNKNOWN</u>	<u>\$ 500</u>
Nonpriority Creditor's Name			— When was the debt incurred? 2018	
P.O. BOX 4438 PORTLAND, OR 97	208		When was the debt incurred? <u>ZUI8</u>	
Number Street			As of the date you file, the claim is: Check all that apply.	
TIGARD	OR	97223		
City	State	ZIP Code	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Che	ck one.		Disputed	
☑ Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors a	and another		Obligations arising out of a separation agreement or divorce	e that
Check if this claim is for	a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar of	lehts
Is the claim subject to offse	t?		Other. Specify UTILITIES	
No				
Yes				
	germajalogogskeg tillgeskild forma ankrediserde av de skrivin der older folkstilder den selbet i de	god gift ha goffinjaliske mediustiskus senerárskuskuskuskuskuskuskuskuskuskuskuskuskus	Last 4 digits of account number 2256	_{\$_} 459
TIAA BANK Nonpriority Creditor's Name	<u></u>			
301 WEST BAY STREE			When was the debt incurred? 01/30/2018	
Number Street JACKSONVILLE	FL	32202	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
y	2 1014		☐ Unliquidated	
Who incurred the debt? Che	eck one.		☐ Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors a	and another		 Obligations arising out of a separation agreement or divorc you did not report as priority claims 	e that
Check if this claim is for	a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar of	lebts
ls the claim subject to offse	t?		Other. Specify OTHER	
No No			•	

First Name Middle Name

Last Name

Case number (if known)	
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Part 2:

Afte	er listing any entries on this page, number then	n beginning with	4.4, followed by 4.5, and so forth.		Total claim
4.13	TIAA BANK		Last 4 digits of account number	3766	s 242461.00
	Nonpriority Creditor's Name		-	03/04/2016	Ψ
	301 WEST BAY STREE		When was the debt incurred?	03/04/2010	
	Number Street		As of the date you file, the claim	is: Check all that apply.	
	JACKSONVILLE FL	32202	·	1,,	
	City State	ZIP Code	☐ Contingent☐ Unliquidated		
	Who incurred the debt? Check one.		Disputed		
	Debtor 1 only		■ Disputed		
	Debtor 2 only		Type of NONPRIORITY unsecur	ed claim:	
	Debtor 1 and Debtor 2 only		Student loans		
	At least one of the debtors and another		Obligations arising out of a separ	ration agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority clair		
	· •		Debts to pension or profit-sharing	g plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify OTHER		
	☑ No ☐ Yes				
4.14			Last 4 digits of account number	0062	_{\$} 11121.00
	US BANK		- Last 4 digits of account number		\$
	Nonpriority Creditor's Name		When was the debt incurred?	02/01/2018	
	1100 SOO LINE BLDG		-		
	Number Street MINNEAPOLIS MN	55402	As of the date you file, the claim	is: Check all that apply.	
	City State	ZIP Code	Contingent		
	•		☐ Unliquidated		
	Who incurred the debt? Check one.		☐ Disputed		
	Debtor 1 only				
	Debtor 2 only		Type of NONPRIORITY unsecur	ed claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans		
	☐ At least one of the debtors and another		Obligations arising out of a separ	ration agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority clair		
	•		Debts to pension or profit-sharing Other. Specify CREDIT CA		
	Is the claim subject to offset?		Other. Specify CREDIT CA		
	Mo No				
· · · · · · · · · · · · · · · · · · ·	Yes	ng (ga gaga salaba ka ata ata da mana ata ka laisi ka ka ka mana alimba ka ma	en e	ion link natural expellent sich der CRO de Millerten utsteht de Roberton ander sich es Malike stellen kommunic	s 9164.00
4.15	US BANK		Last 4 digits of account number	9643	\$_9104.00
	Nonpriority Creditor's Name		_		
	1100 SOO LINE BLDG		When was the debt incurred?	<u>02/01/20</u> 18	
	Number Street MINNEAPOLIS MN	55402	As of the date you file, the claim	is: Check all that apply.	
	City State	ZIP Code	Contingent		
			Unlíquidated		
	Who incurred the debt? Check one.		☐ Disputed		
	Debtor 1 only				
	Debtor 2 only		Type of NONPRIORITY unsecur	red claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans		
	☐ At least one of the debtors and another		Obligations arising out of a separ		
	☐ Check if this claim is for a community debt		you did not report as priority clair		
	Is the claim subject to offset?		□ Debts to pension or profit-sharing□ Other. Specify CREDIT CA	g plans, and other similal debts	
	✓ No ☐ Yes		Outer, Specify Street, 1971		
					45.72

First Name Middl

Middle Name

Last Name

Part 2:

Afte	r listing any entries on this page, number them	n beginning with	4.4, followed by 4.5, and so forth.	Total claim
4.16	US BANK		Last 4 digits of account number 7378	_{\$} 6626.00
	Nonpriority Creditor's Name 1100 SOO LINE BLDG		When was the debt incurred? 12/01/2016	
	Number Street		As of the date you file, the claim is: Check all that apply.	
	MINNEAPOLIS MN City State	55402 ZIP Code	Contingent	
	Who incurred the debt? Check one.	2.11 0040	Unliquidated Disputed	
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify OTHER	
	✓ No☐ Yes			
4.17	LIGHTOF IOLE I OL		Last 4 digits of account number 2581	_{\$} 12153.00
	USDOE/GLELSI Nonpriority Creditor's Name		_	T
	2401 INTERNATIONAL LANE POB 7859		When was the debt incurred? $08/26/1995$	
	Number Street		As of the date you file, the claim is: Check all that apply.	
	MADISON WI City State	53704 ZIP Code	Contingent	
	City	ZIF Code	☐ Unliquidated	
	Who incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only			
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loans	
	At least one of the debtors and another		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify OTHER	
	✓ No☐ Yes			
4.18				_{\$} 19562.00
	USDOE/GLELSI		Last 4 digits of account number 0577	·
:	Nonpriority Creditor's Name		When was the debt incurred? 04/03/2009	
	2401 INTERNATIONAL LANE POB 7859			
	Number Street MADISON WI	53704	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		Unliquidated	
			☐ Disputed	
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loans	
	At least one of the debtors and another		Student loansObligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims	
	Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify OTHER	
	No		other, Specify of the transfer	
	Yes			

MICHAEL BRAXTON First Name Middle Name

irst Name	Middle Name	

Last Name

Case r	number	(if knowr)		
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Total claim	n 4.4, followed by 4.5, and so forth.	any entries on this page, number them beginning	
s 13815.00	Last 4 digits of account number 1577	SLELSI	1.19
Ψ	When was the debt incurred? 12/17/2009	y Creditor's Name	
	When was the debt incurred? 12/17/2009	ERNATIONAL LANE POB 7859	
	As of the date you file, the claim is: Check all that apply.	Street N WI 53704	
	_ ☐ Contingent	N WI 53704 State ZIP Code	
	Unliquidated Disputed	curred the debt? Check one.	
		or 1 only	
	Type of NONPRIORITY unsecured claim:	or 2 only	
	☐ Student loans	or 1 and Debtor 2 only	
	Obligations arising out of a separation agreement or divorce that	ast one of the debtors and another	
	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	ck if this claim is for a community debt	
	Other. Specify OTHER	laim subject to offset?	
\$ 41207.00	Last 4 digits of account number 8581	· SLELSI	.20
	When was the debt incurred? 07/27/2010	y Creditor's Name	
	When was the debt incurred? <u>U//Z//ZU</u> IU	ERNATIONAL POB 7859	
	As of the date you file, the claim is: Check all that apply.	Street	
	Contingent	N WI 53704 State ZIP Code	
	Unliquidated Disputed	curred the debt? Check one.	
		or 1 only	
	Type of NONPRIORITY unsecured claim:	or 2 only	
	☐ Student loans	or 1 and Debtor 2 only	
	Obligations arising out of a separation agreement or divorce that	ast one of the debtors and another	
	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	ck if this claim is for a community debt	
	Other. Specify OTHER	laim subject to offset?	
Erdősselek hidemos szentszári ilkálásál szákendés			
\$_49261.00	Last 4 digits of account number 1577	GLELSI	.21
		y Creditor's Name	
	When was the debt incurred? $\frac{07/01/20}{09}$	ERNATIONAL LANE POB 7859	
	As of the date you file, the claim is: Check all that apply.	Street N WI 53704	
	Contingent Unliquidated	State ZIP Code	
	Disputed .	curred the debt? Check one.	
	Type of NONPRIORITY unsecured claim:	or 1 only or 2 only	
		ast one of the debtors and another	
	you did not report as priority claims		
	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify OTHER	ck if this claim is for a community debt laim subject to offset?	
	Debts to pension or profit-sharing plans, and other similar debts	ck if this claim is for a community debt	

 Middle Na	me

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Last Name

listing any entries on this page, number	er them beginning wi	th 4.4, followed by 4.5, and so forth.	Total cla
USDOE/GLELSI		Last 4 digits of account number 1581	_{\$} 51606
Nonpriority Creditor's Name			T
2401 INTERNATIONAL LANE POB 7859		When was the debt incurred? 03/14/2012	
Number Street		As of the date you file, the claim is: Check all that apply.	
MADISON V			
City St	ate ZIP Code	Contingent	
Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only		Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		☐ Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community	v deht	you did not report as priority claims	
	y wont	Debts to pension or profit-sharing plans, and other similar debts	
ls the claim subject to offset? 		☑ Other. Specify OTHER	
☑ No □ Yes			
		Last 4 digits of account number 8581	_{\$} 8130
USDOE/GLELSI		<u> </u>	Ψ
Nonpriority Creditor's Name		When was the debt incurred? $08/18/2010$	
2401 INTERNATIONAL POB 7859 Number Street			
	VI 53704	As of the date you file, the claim is: Check all that apply.	
	ate ZIP Code	Contingent	
		Unliquidated	
Who incurred the debt? Check one.		☐ Disputed	
Debtor 1 only		Time of NONDRIODITY upacquired claims	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this claim is for a community	y debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		Other. Specify OTHER	
☑ No			
☐ Yes occupies historican com infrastructural and description of the Michigan County of the County	and the first own tables to the same throughout to the section of second Alberta Control (Alberta Control (A		_{\$} 1419
USDOE/GLELSI		Last 4 digits of account number 0581	Ψ
Nonpriority Creditor's Name		When was the debt incurred? 03/07/2012	
2401 INTERNATIONAL LANE POB 7859		When was the debt incurred? <u>U3/U7/ZU</u> 1Z	
Number Street MADISON V	M 53704	As of the date you file, the claim is: Check all that apply.	
City St	ate ZIP Code	Contingent	
AAII - Suranamad the del-10 Objects		Unliquidated	
Who incurred the debt? Check one.		☐ Disputed	
Debtor 1 only		Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only			
☐ At least one of the debtors and another		Student loans	
		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a communit	y debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		Other. Specify OTHER	
☑ No			
☐ Yes			

Mid	dle	Nam	е

Case number (if known)

Part 2:

listing any entries on this page, nun	nber them beginning wit	h 4.4, followed by 4.5, and so forth.	Total c
		Last 4 digits of account number 2581	s 264
JSDOE/GLELSI		_	\$_204
lonpriority Creditor's Name		When was the debt incurred? 04/11/2012	
401 INTERNATIONAL LANE		_	
lumber Street MADISON	WI 53704	As of the date you file, the claim is: Check all that apply.	
Sity	State ZIP Code	──	
Who incurred the debt? Check one.		☐ Disputed	
☑ Debtor 1 only ☑ Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		☐ Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a commun	ity debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?		Other. Specify OTHER	
2 Í No □ Yes			
		Last 4 digits of account number 5994	_{\$} 859
WELLS FARGO lonpriority Creditor's Name		<u> </u>	Τ
CREDIT BUREAU DISPUTE RESOLUTI PO BOX	14517	When was the debt incurred? $02/21/2018$	
lumber Street		As of the date you file, the claim is: Check all that apply.	
DES MOINES	IA 50306	<u> </u>	
City	State ZIP Code	Contingent	
Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
		□ Disputed	
☑ Debtor 1 only ☑ Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only		-	
☐ At least one of the debtors and another		☐ Student loans☐ Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		Other. Specify CREDIT CARD	
Mo ☐ Yes			
	neetilinede een meiste kommuniste val talestinen tales en met valmen miner in it stad Meterieliline	Last 4 digits of account number	\$
lonpriority Creditor's Name		When was the debt incurred?	
lumber Street		As of the date you file, the claim is: Check all that apply.	
Sity	State ZIP Code	Contingent	
		☐ Unliquidated	
Vho incurred the debt? Check one.		☐ Disputed	
Debtor 1 only			
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		☐ Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt		you did not report as priority claims	
Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify	
No		Guior, Opoury	
Yes			

6j. Total. Add lines 6f through 6i.

irst Name Midd

Last Name

Case number (if known)_____

681545.10

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$</u> 2000.00
	6b. Taxes and certain other debts you owe the government	6b.
	6c. Claims for death or personal injury while you were intoxicated	6c. \$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + _{\$} 0.00
	6e. Total. Add lines 6a through 6d.	6e. \$2000.00
		Total claim
Total claims from Part 2	6f. Student loans	6f. \$0.00
	 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 	6g. \$0.00
		6h. \$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + _{\$} 681545.10

Fill in this information to identify your case:	
Debtor MICHAEL BRAXTON	
First Name Middle Name Last Name Debtor 2	
(Spouse If filing) First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF OREGON	
Case number	☐ Check if this is an
(If known)	amended filing
Official Form 106G	
Schedule G: Executory Contracts and	Unexpired Leases 12/15
Be as complete and accurate as possible. If two married people are filing to information. If more space is needed, copy the additional page, fill it out, no additional pages, write your name and case number (if known). 1. Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other scheeles. Fill in all of the information below even if the contracts or leases and the contracts or leases. 2. List separately each person or company with whom you have the context example, rent, vehicle lease, cell phone). See the instructions for this form	dules. You have nothing else to report on this form. e listed on Schedule A/B: Property (Official Form 106A/B).
unexpired leases. Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1 MAIN STREET VILLAGE APARTMENTS	RENT
Name 12650 SOUTHWEST MAIN STREET	
Number Street TIGARD OR 97223	_
City State ZIP Code	
HYUNDAI FINANCIAL Name	_ VEHICLE LEASE - 2017 HYNDAI SONATA
Number Street 10550 TALBERT AV CA 92708 City State ZIP Code	
2.3 Brightwife at Red Hull 16182 SW logth fre #192	_
Number Street Till (Ind.) DA 97224 City State ZIP Code	
2.4	
Name	_
Number Street	_
City State ZIP Code	_

Fill in this in	formation to	identify your case:	
Debtor 1	MICHAEL E	BRAXTON	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)		Middle Name	Last Name
United States	Bankruptcy Cour	t for the: DISTRICT O	F OREGON
Case number (If known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

case	fidiliber (ii kilowii). Aliswer eve	sry question.		
	Do you have any codebtors? (If ☑ No □ Yes	you are filing a joint case	do not list either spouse	as a codebtor.)
2.		u lived in a community p na, Nevada, New Mexico	property state or territory Puerto Rico, Texas, Was	(? (Community property states and territories include shington, and Wisconsin.)
	□ No. Go to line 3.☑ Yes. Did your spouse, former	spouse, or legal equivale	nt live with you at the time	?
	☐ No ☑ Yes. In which community	state or territory did you li	ve? <mark>WI</mark>	Fill in the name and current address of that person.
	LORRI BRAXTON Name of your spouse, former spo	nuse or legal equivalent		_
	3159 NORTH 79TH			
	Number Street	· · · · · · · · · · · · · · · · · · ·		_
	MILWAUKEE	WI	53222	· ·
	City	State	ZIP Code	
	Schedule D (Official Form 106D Schedule E/F, or Schedule G to Column 1: Your codebtor		Form 106E/F), or Sched	Iule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.1				Schedule D, line
	Name			☐ Schedule E/F, line
	Number Street			Schedule G, line
	City	State	ZIP Code	
3.2				Schedule D, line
	Name			Schedule E/F, line
	Number Street			Schedule G, line

	City	State	ZIP Code	
3.3	Management			Schedule D, line
	Name			☐ Schedule E/F, line
	Number Street			☐ Schedule G, line
	City	State	ZIP Code	

belor 2 pourse, 8 feligity Prest haves Maddle Name List Name Li						
Parabane	Fill in this information to identify y	your case:				
Check if this is:	Deptor (Last Name			
check if this is: A a supplement showing postpetition chapter 1: Income as of the following date: A supplement showing postpetition chapter 1: Income as of the following date: MM / DO / YYYY A supplement showing postpetition chapter 1: Income as of the following date: MM / DO / YYYY A supplement showing postpetition chapter 1: Income as of the following date: MM / DO / YYYY A supplement showing postpetition chapter 1: Income as of the following date: MM / DO / YYYY A supplement showing postpetition chapter 1: Income as of the following date: MM / DO / YYYY A supplement showing postpetition chapter 1: Income as of the following date: MM / DO / YYYY A supplement showing postpetition chapter 1: Income as of the following date: MM / DO / YYYY A supplement showing postpetition chapter 1: Income as of the following date: MM / DO / YYYY A supplement showing postpetition chapter 1: Income as of the following date: MM / DO / YYYY A supplement showing postpetition chapter 1: Income as of the following date: MM / DO / YYYY A supplement showing postpetition chapter 1: Income as of the following date: MM / DO / YYYY A supplement showing postpetition chapter 1: Income as of the following date: MM / DO / YYYY A supplement showing postpetition chapter 1: Income as of the following date: MM / DO / YYYY A supplement showing postpetition chapter 1: Income as of the following date: MM / DO / YYYY Dobtor 2 or non-filling spouse showers and the following date: MM / DO / YYYY Dobtor 2 or non-filling spouse showers and showers and search as a sparate should be supplement showers and search as a sparate showers and search as a s	Debtor 2					
Check if this is:	(Spouse, if filing) First Name					
An amended filing	United States Bankruptcy Court for the:	DIOTITIOT OF S	ONLOOM			0.5
A supplement showing postpetition chapter 1: income as of the following date: Mile	Case number (If known)					
as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for pophying correct information. If you are married and not filling jointly, and your spouse is living with you, in the clause information about your spouse. If more space is needed, statch a parates sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Postrible Describe Employment information.					🗖 A sup	plement showing postpetition chapter 13
as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for pophying correct information. If you are separated and your spouse is not filling with you, do not include information about your spous or a separated and your spouse is not filling with you, do not include information about your spous or a spearated and your spouse is not filling with you, do not include information about your spouse. If more space is needed, attach a separate page with information. If you have more than one job, attach a separate page with information about additional pages, write your name and case number (if known). Answer every question. Employment status If you have more than one job, attach a separate page with information about additional pages. Employed Separate page with information about additional pages. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name HAZELDEN BETTY FORD Employer's addross Include part-time, seasonal, or self-employed work. Occupation More provided there? Number Street N	Official Form 106I				MM /	DD / YYYY
as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for pophying correct information. If you are separated and your spouse is not filling with you, do not include information about your spous or a separated and your spouse is not filling with you, do not include information about your spous or a spearated and your spouse is not filling with you, do not include information about your spouse. If more space is needed, attach a separate page with information. If you have more than one job, attach a separate page with information about additional pages, write your name and case number (if known). Answer every question. Employment status If you have more than one job, attach a separate page with information about additional pages. Employed Separate page with information about additional pages. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name HAZELDEN BETTY FORD Employer's addross Include part-time, seasonal, or self-employed work. Occupation More provided there? Number Street N	Schedule I: You	r Income				12/15
If you have more than one job, attach a separate page with information about additional employers. Include part-lime, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Compation may include student or homemaker, if it applies. Compation may include student or homemaker, if it applies. Compation may include student or homemaker, if it applies. Compation May include student or homemaker, if it applies. Compation May include student or homemaker, if it applies. Compation May include student or homemaker, if it applies. Compation May include student or homemaker, if it applies. Compation May include student or homemaker, if it applies. Compation May include student or homemaker, if it applies. Compation May include student or homemaker, if it applies. Compation May include student or homemaker, if it applies. Employer's name Employer's name Employer's state ZIP Code New BERT S. Number Street New BERG OR 97132 City State ZIP Code City State ZIP Code City State ZIP Code City State ZIP Code To any line, write \$0 in the space. Include your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4750.00 \$ \$	you are separated and your spou eparate sheet to this form. On the Part 1: Describe Employm	se is not filing with you, top of any additional pa	do not include infe	ormatio	n about vour sp	ouse. If more space is needed, attach a
atiach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Employer's name Employer's address HAZELDEN BETTY FORD			Debtor 1	e/cens/96/40207000/79400000000		Debtor 2 or non-filing spouse
Self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Employer's address HAZELDEN BETTY FORD	attach a separate page with information about additional	Employment status		ed		
Employer's name Employer's address 1901 ESTHER ST. Number Street Number Street	self-employed work.	Occupation	ADDICTION	COUN	SELOR II	
NEWBERG OR 97132 City State ZIP Code How long employed there? State ZIP Code City State ZIP Code The complex of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. Street A 750.00 \$ A 75		Employer's name	HAZELDEN I	BETTY	FORD	
How long employed there? Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$\frac{4750.00}{3} + \frac{1}{3} = \fra		Employer's address		R ST.		Number Street
How long employed there? Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$\frac{4750.00}{3} + \frac{1}{3} = \fra						
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$\frac{4750.00}{5} = \frac{4750.00}{5} = \frac{1}{5} = \fra		How long employed the	City			City State ZIP Code
spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$\frac{4750.00}{0.00} + \frac{1}{0.00} = \frac{1}{0.00}	Part 2: Give Details About	: Monthly Income				
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. For Debtor 1 For Debtor 2 or non-filling spouse 2. \$ 4750.00 \$	spouse unless you are separated If you or your non-filing spouse ha	ave more than one employ	er, combine the info			
deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4750.00 \$ \$				\$000000E	For Debtor 1	
Estimate and list monthly overtime pay.	2. List monthly gross wages, sal deductions). If not paid monthly,	ary, and commissions (b calculate what the monthly	efore all payroll y wage would be.	2.	\$ <u>4750.00</u>	\$
. Calculate gross income. Add line 2 + line 3. 4. \$_4750.00 \$	3. Estimate and list monthly over	rtime pay.		3. +	\$0.00	+ \$
	4. Calculate gross income. Add li	ne 2 + line 3.		4.	\$_4750.00	\$

page 1 Schedule I: Your Income

MICHAEL BRAXTON

101101	,			
Firet Nama		Middle	Nar	ne

Last Name

Case number (if known)	
------------------------	--

		Foi	Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4 .	\$	4750.00	\$	
5. Indicate whether you have the payroll deductions below:					
5a. Tax. Medicare, and Social Security deductions	5a.	\$	0.00	\$	
5b. Mandatory contributions for retirement plans	5b.	\$	0.00	\$	
5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	
5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	
5e. Insurance	5e.	\$_	0.00	\$	
5f. Domestic support obligations	5f.	\$_	0.00	\$	
5g. Union dues	5g.	\$	0.00	\$	
5h. Other deductions. Specify:	5h.	+ \$_	0.00	+ \$	
6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	. 6.	\$_	0.00	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4750.00	\$	
8. List all other income regularly received:			0.00		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and	8a	. \$_	0.00	\$	
necessary business expenses, and the total monthly net income.					
8b. Interest and dividends		\$	0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent	\$_	0.00	\$	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			0.00		:
8d. Unemployment compensation		\$_	0.00	\$	
8e. Social Security		\$_	0.00	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps or housing subsidies. Specify (Debtor 1): Specify (Debtor 2 or Non-Filing Spouse):					
		\$	0.00	\$	
8g. Pension or retirement income		\$	0.00	\$	
8h. Other monthly income. Specify (Debtor 1): Specify (Debtor 2 or Non-Filling Spouse):					
		\$	0.00	\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.		\$_	0.00	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		\$_	4750.00	+ \$=	= \$ 4750.00
11. State all other regular contributions to the expenses that you list in Scheol Include contributions from an unmarried partner, members of your household, your dependents, your root relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to proceed the contributions.	mmates	s, and oth	ner friends or ted in <i>Schedule J</i> .	11	⊦ \$ 0.00
Specify:	roc	It in the	combined mon	_	
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S	s resu Statis	tical In	formation, if it ap	oplies 12.	4750.00 Combined
12. Do you expect an increase or decrease within the year after you file this f	form?	?			monthly income
Yes. Explain:					

First Name	RAXTON Middle Name	Last Name	—— Check if t	hie ie	
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name		nended filing	
United States Bankruptcy Court fo	or the: DISTRIC	T OF OREGON	☐ A sup	plement showing postpe	tition chapter 1
Case number			incom	e as of the following date	∋:
(If known)			MM / 0	DD / YYYY	
Attachment	on Additi	onal Employr	nent/Busir	1esses	12/15
Fill in information about additional sole propriete business		second business, if any			
business	Number	Street			
	City		State	ZIP Code	
	Check	the appropriate box to describe	vour business:		
		alth Care Business (as defined in			
		gle Asset Real Estate (as define		3))	
		ckbroker (as defined in 11 U.S.0		·//	
		mmodity Broker (as defined in 1			
	_	ne of the above	1 0.0.0. § 101(0))		
Fill in information abou		le of the above			
your additional		Debtor 1		Debtor 2 or non-filing s	pouse
employments	2. Occupation	YOUTH WORK	ER		
	z. Occupation				
	Employer's na	me <u>YOUTH PROG</u>	RESS ASSOCIATI		
	Employer's ad	dress 2020 S.E. POW	ELL BLVD.		
4		Number Street		Number Street	
		DODTI AND	OR 97202		
		PORTLAND City	OR 97202 State ZIP Code	City Sta	ate ZIP Code
	How long emp	loyed there?			
	3. Occupation				
	Employer's na	me	44,44	- this	
	Employer's ad	Number Street		Number Street	

Schedule I: Your Income

page 3

Fill in this information to identif	y your case:			
Debtor 1 MICHAEL BRAX		Check if th	ie ie:	
First Name Debtor 2	Middle Name Last Name	——— An ame		
(Spouse, if filing) First Name	Middle Name Last Name		ended ming lement showing post	petition chapter 13
United States Bankruptcy Court for the	DISTRICT OF OREGO	ON expens	es as of the following	
Case number(If known)		MM / DI	D/ YYYY	
Official Form 106J				
Schedule J: Yo	ur Expenses			12/15
Be as complete and accurate as a information. If more space is nee (if known). Answer every question	cossible. If two married people are fili ded, attach another sheet to this form n.	ng together, both are equally r . On the top of any additional	esponsible for supply pages, write your nam	ing correct e and case number
Part 1: Describe Your Ho	ousehold			
1. Is this a joint case?				
☑ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a	separate household?			
☐ No☐ Yes. Debtor 2 must	file Official Form 106J-2, <i>Expenses for</i> S	eparate Household of Debtor 2.		
Do you have dependents? Do not list Debtor 1 and	☐ No ☑ Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Debtor 2. Do not state the dependents' names.	each dependent	DAUGHTER	10	☐ No ☑ Yes
Hantes.		SON	8	☐ No ☑ Yes
				☐ No
				Yes
				No ☐ Yes
				□ No
				Yes
Do your expenses include expenses of people other than yourself and your dependents'				
	oing Monthly Expenses			
expenses as of a date after the ba	ur bankruptcy filing date unless you a ankruptcy is filed. If this is a supplem			
applicable date. Include expenses paid for with ne	on-cash government assistance if you	ı know the value of		
	ed it on Schedule I: Your Income (Offi		Your expe	enses
 The rental or home ownership any rent for the ground or lot. 	expenses for your residence. Include	first mortgage payments and	4. \$	1650.00
If not included in line 4:				2.25
4a. Real estate taxes			4a. \$	0.00
4b. Property, homeowner's, or	r renter's insurance		4b. \$	0.00
4c. Home maintenance, repai	r, and upkeep expenses		4c. \$	0.00
4d. Homeowner's association	or condominium dues		4d. \$	0.00

Debtor 1

MICHAEL BRAXTON

	1	•)	 			:	 11	61.	 		

Last Name

Case number (if known)

			Your exp	oenses
			\$	0.00
5.	Additional mortgage payments for your residence, such as home equity loans	5.		
6.	Utilities:		_	200.00
	6a. Electricity, heat, natural gas	6a.	\$	200.00
	6b. Water, sewer, garbage collection	6b.	\$	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	300.00
8.	Childcare and children's education costs	8.	\$	160.00
9.	Clothing, laundry, and dry cleaning	9.	\$	80.00
10.	Personal care products and services	10.	\$	60.00
11.	Medical and dental expenses	11.	\$	0.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	500.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	20.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	600.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	100.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	475.00
	17b. Car payments for Vehicle 2	17b.	\$	
	17c. Other. Specify:	17c.	\$	
	17d. Other. Specify:	17d.	\$	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ne.		0.00
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

21. Other. Specify: CHILD. 21. +\$ 50.00	Debtor 1	MICHAEL BRAXTON	Case number (if known)	
22. Calculate your monthly expenses. 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. 23c. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your montgage payment to increase or decrease because of a modification to the terms of your mortgage?		First Name Middle Name Last Name		
22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. \$\frac{0.00}{\$}\$\$ 22c. \$\frac{0.00}{\$}\$\$ 22c. \$\frac{0.00}{\$}\$\$ 22c. \$\frac{0.00}{\$}\$\$ 23c. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. \$\frac{0.00}{\$}\$ 395.00 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? 27 No.	21. Other.	Specify: CHILD.	21.	+\$50.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. 23c. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule 1. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	22. Calcul	ate your monthly expenses.		
22c. Add line 22a and 22b. The result is your monthly expenses. 22c. \$ 4355.00 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly net income. 23d. \$ 395.00 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? 26 No.	22a. A	dd lines 4 through 21.	22a.	\$4355.00
23a. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses within the year after you file this form? 23c. For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? 24. No.	22b. C	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$0.00
23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.	22c. A	dd line 22a and 22b. The result is your monthly expenses.	22c.	\$4355.00
23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.				
23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . 23c. Subtract your monthly net income. 23c. \$\frac{395.00}{\$}\$ 23c. \$\frac{395.00}{\$}\$ 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? ✓ No.				s 4750.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . 23c. Subtract your monthly net income. The result is your monthly net income. 23c. \$ 395.00 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.	23a. C	Copy line 12 (your combined monthly income) from Schedule I.	23a.	
The result is your <i>monthly net income</i> . 23c. 23c. 23c. 23c. 23c. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? 23c. 335.00 No.	23b. C	Copy your monthly expenses from line 22c above.	23b.	- \$4355.00
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.		•	23c .	\$395.00_
mortgage payment to increase or decrease because of a modification to the terms of your mortgage? ✓ No.				
☑ No.	For exa	imple, do you expect to finish paying for your car loan within the year or do you ex ge payment to increase or decrease because of a modification to the terms of you	kpect your ur mortgage?	

Fill in this in	formation to identify	your case:	
Debtor 1	MICHAEL BRAX	TON	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)		Middle Name	Last Name
United States I	Bankruptcy Court for the:	DISTRICT	OF OREGON
Case number			

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
B' L	to NOT an atternay to halp you fill out hankruntcy forms?
	is NOT an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
Under penalty of perjury, I declare that I have	ve read the summary and schedules filed with this declaration and
that they are true and correct.	
7 00	
* Myllal Dun	×
Signature of Dobtor 1	Signature of Debtor 2
Signature of Debtor 1	agriculto of Debiot 2
12/11/2018	Dute
Date MM/ DD / YYYY	Date MM / DD / YYYY

Debtor 1	MICHAEL BRAX	your case: TON	<u> </u>			
Debtor 2	First Name	Middle Name	Last Name			
(Spouse, if filir		Middle Name	Last Name	ıNI		
United State	es Bankruptcy Court for the:	DISTRICT	OF OREGO	NIV		
Case number (If known)	er	444			Ţ	Check if this is an
						amended filing
	Form 107					
				iduals Filing fo		
nformation	plete and accurate as p n. If more space is nee known). Answer every Give Details About	ded, attach a separato question.	e sheet to this for	together, both are equally n. On the top of any additi ou Lived Before	y responsible for supplyi onal pages, write your n	ing correct ame and case
1. What is	s your current marital s	status?				
☐ Ma ☑ Not	rried t married					
-	the last 3 years, have	,	•			
	s. List all of the places yo	ou lived in the last 3 ye	ars. Do not include Dates Debtor 1 lived there	where you live now. Debtor 2:		Dates Debtor 2 lived there
Yes	s. List all of the places y	ou lived in the last 3 ye	Dates Debtor 1			
y Yes	s. List all of the places yo		Dates Debtor 1 lived there	Debtor 2:		lived there Same as Debtor 1
☑ Yes	s. List all of the places y		Dates Debtor 1 lived there	Debtor 2:		lived there
▼ Yes	s. List all of the places you bebtor 1:	ST 106TH AVENU OR 97223	Dates Debtor 1 lived there	Debtor 2: Same as Debtor 1 Number Street		lived there Same as Debtor 1 From
Yes	s. List all of the places ye Pebtor 1: 10765 SOUTHWES Number Street	ST 106TH AVENL	Dates Debtor 1 lived there	Debtor 2:	State ZIP Code	lived there Same as Debtor 1 From
Yes	s. List all of the places ye pebtor 1: 10765 SOUTHWES Number Street TIGARD	ST 106TH AVENU OR 97223	Dates Debtor 1 lived there	Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	lived there Same as Debtor 1 From
Yes	s. List all of the places ye Pebtor 1: 10765 SOUTHWES Number Street TIGARD City	ST 106TH AVENU OR 97223	Dates Debtor 1 lived there	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	lived there Same as Debtor 1 From To
Yes	s. List all of the places ye pebtor 1: 10765 SOUTHWES Number Street TIGARD	ST 106TH AVENU OR 97223	Dates Debtor 1 lived there From 2012 To 2018	Debtor 2: Same as Debtor 1 Number Street City	State ZIP Code	Iived there Same as Debtor 1 From To Same as Debtor 1
Yes D	s. List all of the places ye Debtor 1: 10765 SOUTHWES Number Street TIGARD City Number Street	ST 106TH AVENU OR 97223	Dates Debtor 1 lived there From 2012 To 2018 From	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Iived there Same as Debtor 1 From To Same as Debtor 1 From
Yes D A T T T T T T T T T T T T	s. List all of the places ye Debtor 1: 10765 SOUTHWES Number Street TIGARD City Number Street City In the last 8 years, did years and territories include A	ST 106TH AVENUMENT OR 97223 State ZIP Code	Prom 2012 To 2018 From To	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street	State ZIP Code	Iived there Same as Debtor 1 From To Same as Debtor 1 From To
Yes D 3. Within states No	s. List all of the places ye Debtor 1: 10765 SOUTHWES Number Street TIGARD City Number Street City In the last 8 years, did years and territories include A	ST 106TH AVENUMENT OR 97223 State ZIP Code State ZIP Code ou ever live with a sperizona, California, Idah	From 2012 To 2018 From To To To Duse or legal equito, Louisiana, Nevac	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street City Valent in a community proda, New Mexico, Puerto Rice	State ZIP Code	Iived there Same as Debtor 1 From To Same as Debtor 1 From To

De	htor	1

MICHAEL BRAXTON

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Case number (if known)	
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If you are filing a joint case and you have inco	, 3	•		
Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$40000	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
For last calendar year: (January 1 to December 31, 2017	Wages, commissions, bonuses, tips	\$95000	Wages, commissions, bonuses, tips Operating a business	\$
For the calendar year before that: (January 1 to December 31, 2016	✓ Operating a business ✓ Wages, commissions, bonuses, tips ✓ Operating a business		Wages, commissions, bonuses, tips Operating a business	\$
Include income regardless of whether that inc unemployment, and other public benefit payn gambling and lottery winnings. If you are filing	come is taxable. Example nents; pensions; rental inc g a joint case and you hav	s of other income are alin come; interest; dividends; re income that you receiv	money collected from laws ed together, list it only once	suits; royalties; and
Include income regardless of whether that incunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No	come is taxable. Example nents; pensions; rental inc g a joint case and you hav	s of other income are alin come; interest; dividends; re income that you receiv	money collected from laws ed together, list it only once	suits; royalties; and
Include income regardless of whether that inc unemployment, and other public benefit payn gambling and lottery winnings. If you are filing List each source and the gross income from 6	come is taxable. Example nents; pensions; rental inc g a joint case and you hav	s of other income are alin come; interest; dividends; re income that you receiv	money collected from laws ed together, list it only once	suits; royalties; and
Include income regardless of whether that incure unemployment, and other public benefit paying ambling and lottery winnings. If you are filing List each source and the gross income from a No	come is taxable. Example nents; pensions; rental income g a joint case and you have each source separately. D	s of other income are alin come; interest; dividends; re income that you receiv	money collected from laws ed together, list it only once t you listed in line 4.	suits; royalties; and
nclude income regardless of whether that incuremployment, and other public benefit paying ambling and lottery winnings. If you are filing a cist each source and the gross income from a No Yes. Fill in the details.	come is taxable. Example nents; pensions; rental inc g a joint case and you have each source separately. Debtor 1 Sources of income	s of other income are alincome; interest; dividends; re income that you receive not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and
nclude income regardless of whether that incuremployment, and other public benefit paymgambling and lottery winnings. If you are filing list each source and the gross income from a No	come is taxable. Example nents; pensions; rental inc g a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alincome; interest; dividends; re income that you receiv to not include income that Gross income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and exclusions)
nclude income regardless of whether that incomendation incoment, and other public benefit paying ambling and lottery winnings. If you are filing list each source and the gross income from a No Yes. Fill in the details. From January 1 of current year until	come is taxable. Example nents; pensions; rental inc g a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alincome; interest; dividends; re income that you receiv to not include income that Gross income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and exclusions)
nclude income regardless of whether that incuremployment, and other public benefit paying ambling and lottery winnings. If you are filing a list each source and the gross income from a No Yes. Fill in the details.	come is taxable. Example nents; pensions; rental inc g a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alincome; interest; dividends; re income that you receiv to not include income that Gross income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and exclusions)
nclude income regardless of whether that incurrently income regardless of whether that incurrently many and lottery winnings. If you are filing and lottery winnings. If you are filing a list each source and the gross income from a list of the source and the gross income from a list of the source and the gross income from a list of the source and the gross income from a list of the source and the gross income from a list of the source and the gross income from a list of the source and the gross income from a list of the source and the gross income from a list of the source and the gross income from a list of the source and the gross income from a list of the gros	come is taxable. Example nents; pensions; rental inc g a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alincome; interest; dividends; re income that you receiv to not include income that Gross income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and exclusions)
Include income regardless of whether that incurrently income regardless of whether that incurrently many and lottery winnings. If you are filing List each source and the gross income from and the gross income from and the gross income from and the gross. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year:	come is taxable. Example nents; pensions; rental inc g a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alincome; interest; dividends; re income that you receiv to not include income that Gross income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and exclusions)
Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year:	come is taxable. Example nents; pensions; rental inc g a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alincome; interest; dividends; re income that you receiv to not include income that Gross income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and exclusions)

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D	eb	to	r 1

6.

MICHAEL BRAXTON

First Name Middle Name

last	Name	

Case number (if known)	
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Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Are eith	er Debtor 1's or Debtor 2's debts primarily	consumer debi	ts?		
☐ No.	Neither Debtor 1 nor Debtor 2 has primaril "incurred by an individual primarily for a perso During the 90 days before you filed for bankro	onal, family, or h	nousehold purpose."		(8) as
	☐ No. Go to line 7.				
	Yes. List below each creditor to whom you total amount you paid that creditor. I child support and alimony. Also, do not be a support and alimony.	Do not include p	ayments for domestic su	upport obligations, such as	
	* Subject to adjustment on 4/01/19 and every				
☑ Yes	. Debtor 1 or Debtor 2 or both have primaril	y consumer de	bts.		
	During the 90 days before you filed for bankru	uptcy, did you pa	ay any creditor a total of	\$600 or more?	
	☑ No. Go to line 7.				
	Yes. List below each creditor to whom yo creditor. Do not include payments fo alimony. Also, do not include payme	r domestic supp	oort obligations, such as	child support and	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
			\$	\$	☐ Mortgage
	Creditor's Name				☐ Car
	Name - Observe				Credit card
	Number Street				Loan repayment
					Suppliers or vendors
	City State ZIP Code	•			☐ Other
	City State Zil Godd				
			\$	\$	☐ Mortgage
	Creditor's Name	-	Ψ	T	☐ Car
					Credit card
	Number Street				Loan repayment
		-			Suppliers or vendors
					Other
	City State ZIP Code	•			Other
			\$	\$	☐ Mortgage
	Creditor's Name				☐ Car
					Credit card
	Number Street				Loan repayment
	- All All All All All All All All All Al	-			☐ Suppliers or vendors
					Other
	City State ZIP Code				

De	btor	1

1		. BRAXTO				_	Case number (if known)_	
	First Name	Middle Name		Last Name				
orpora gent, uch as	s include your ations of which including one f s child support	relatives; ar you are an for a busine and alimon	ny gene officer, ss you d ny.	ral partners; director, per	relatives of any son in control, or	general partners; p owner of 20% or	eartnerships of whic more of their voting	who was an insider? In you are a general partner; In securities; and any managing In domestic support obligations,
Yes	s. List all paym	ents to an ìi	nsider.		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
						\$	\$	
În	sider's Name					•		
N	umber Street							
Ci	ity		State	ZIP Code				
						¢	\$	
În	sider's Name					\$	φ	
N	umber Street							
_								
Ci	ity		State	ZIP Code	necessari			
thin ins clude No	1 year before ider?	debts guara	or bank	kruptcy, did or cosigned		payments or trans	fer any property o	n account of a debt that benefited
thin ins clude No	1 year before ider? e payments on	debts guara	or bank	kruptcy, did or cosigned		payments or trans Total amount paid	ifer any property o Amount you still owe	
hin ins lude No Ye	1 year before ider? e payments on	debts guara	or bank	kruptcy, did or cosigned	by an insider. Dates of	Total amount	Amount you still	Reason for this payment
thin insilude No Ye:	1 year before ider? e payments on s. List all paym	debts guara	or bank	kruptcy, did or cosigned	by an insider. Dates of	Total amount paid	Amount you still	Reason for this payment
thin insilude No Yes	1 year before ider? e payments on s. List all paym	debts guara	or bank	kruptcy, did or cosigned	by an insider. Dates of	Total amount paid	Amount you still	Reason for this payment
hin insi lude No Yes	1 year before ider? e payments on s. List all paym	debts guara	or bank	kruptcy, did or cosigned	by an insider. Dates of	Total amount paid	Amount you still	Reason for this payment
No Yes	1 year before ider? e payments on s. List all paym	debts guara	or bank	or cosigned an insider.	by an insider. Dates of	Total amount paid	Amount you still	Reason for this payment
thin insidude No Yes	1 year before ider? e payments on s. List all paym sider's Name umber Street	debts guara	or bank	or cosigned an insider.	by an insider. Dates of	Total amount paid	Amount you still	Reason for this payment

City

State

ZIP Code

Debtor 1

MICHAEL BRAXTON	Ca

ЛІСНА	EL BRAXTON		Case number (if known)
at Marsa	Middle Mame	Last Name	

st all such matters, including persor nd contract disputes.	nal injury cases,	e you a party in any law small claims actions, div	vsuit, court action, or a orces, collection suits, p	auministrative proced paternity actions, supp	eung f ort or custody modificati
í No					
Yes. Fill in the details.					
	Nature	of the case	Court or agency		Status of the case
Case title			Court Name		—— Pending
-					On appeal
			Number Street		Concluded
Case number			City	State ZIP Code	
			-		
	**				
Case title			Court Name		Pending
			·		On appeal
			Number Street		Concluded
Case number					
Case Humber			City	State ZIP Code	
No. Go to line 11. Yes. Fill in the information below.		Describe the property	<i>'</i>	Date	Value of the propert
		Describe the property	1	Date	
		Describe the property	,	Date	Value of the propert
Yes. Fill in the information below. Creditor's Name				Date	
Yes. Fill in the information below. Creditor's Name	·	Explain what happen	ed	Date	
Yes. Fill in the information below. Creditor's Name		Explain what happen	ed epossessed.	Date	
Yes. Fill in the information below. Creditor's Name		Explain what happen Property was re	ed epossessed. preclosed.	Date	
Yes. Fill in the information below. Creditor's Name Number Street		Explain what happen Property was fo Property was g	ed epossessed. preclosed. arnished.		
Yes. Fill in the information below. Creditor's Name		Explain what happen Property was fo Property was g	ed epossessed. preclosed.		
Yes. Fill in the information below. Creditor's Name Number Street		Explain what happen Property was fo Property was g	ed epossessed. oreclosed. arnished. ttached, seized, or levie		
Yes. Fill in the information below. Creditor's Name Number Street		Explain what happen Property was re Property was fo Property was g Property was a	ed epossessed. oreclosed. arnished. ttached, seized, or levie	d.	
Yes. Fill in the information below. Creditor's Name Number Street		Explain what happen Property was re Property was fo Property was g Property was a	ed epossessed. oreclosed. arnished. ttached, seized, or levie	d.	
Yes. Fill in the information below. Creditor's Name Number Street		Explain what happen Property was re Property was fo Property was g Property was a	ed epossessed. oreclosed. arnished. ttached, seized, or levie	d.	\$Value of the prope
Yes. Fill in the information below. Creditor's Name Number Street City Sta		Explain what happen Property was re Property was fo Property was g Property was a	ed epossessed. preclosed. arnished. ttached, seized, or levie	d.	\$Value of the proper
Yes. Fill in the information below. Creditor's Name Number Street City Sta		Explain what happen Property was for Property was goren Property was a Describe the property Explain what happen	ed epossessed. preclosed. arnished. ttached, seized, or levie	d.	\$Value of the proper
Yes. Fill in the information below. Creditor's Name Number Street City Sta		Explain what happen Property was for Property was goren Property was a Describe the property Explain what happen	ed epossessed. preclosed. arnished. ttached, seized, or levie / ed	d.	\$Value of the prope
Yes. Fill in the information below. Creditor's Name Number Street City Sta		Explain what happen Property was for Property was goren Property was a Describe the property Explain what happen	ed epossessed. preclosed. arnished. ttached, seized, or levie / ed epossessed. preclosed.	d.	\$Value of the prope

☐ Property was attached, seized, or levied.

MICHAEL BRAXTON First Name Middle Name	Last Name		Case number (if known)		
ounts or refuse to make a pay		did any creditor, including a bank you owed a debt?	or financial institutio	n, set off any an	nounts from y
es. Fill in the details.					
	De	escribe the action the creditor took		Date action was taken	Amount
Creditor's Name	,				
lumber Street			•		\$
City State	ZIP Code Las	st 4 digits of account number: XXXX-			
′es	Cautuikudia	_			
List Certain Gifts and in 2 years before you filed fo	or bankruptcy, c	s did you give any gifts with a total v	alue of more than \$6	00 per person?	
List Certain Gifts and in 2 years before you filed fo	or bankruptcy, c		alue of more than \$6	00 per person? Dates you gave the gifts	Value
List Certain Gifts and in 2 years before you filed for No Yes. Fill in the details for each Gifts with a total value of more apper person	or bankruptcy, c	did you give any gifts with a total v	alue of more than \$6	Dates you gave	Value \$
List Certain Gifts and in 2 years before you filed for No Yes. Fill in the details for each Gifts with a total value of more oper person	or bankruptcy, c	did you give any gifts with a total v	alue of more than \$6	Dates you gave	Value \$ \$
List Certain Gifts and in 2 years before you filed for No Yes. Fill in the details for each Gifts with a total value of more of per person Person to Whom You Gave the Gift Jumber Street	or bankruptcy, c	did you give any gifts with a total v	alue of more than \$6	Dates you gave	Value \$ \$
List Certain Gifts and in 2 years before you filed for No Yes. Fill in the details for each Gifts with a total value of more of per person Person to Whom You Gave the Gift Number Street City State Person's relationship to you Gifts with a total value of more the	gift. than \$600 De	did you give any gifts with a total v	alue of more than \$6	Dates you gave	Value \$ \$
in 2 years before you filed for No Yes. Fill in the details for each Gifts with a total value of more per person Person to Whom You Gave the Gift	gift. than \$600 De	did you give any gifts with a total v	alue of more than \$6	Dates you gave the gifts	\$\$
List Certain Gifts and in 2 years before you filed for No Yes. Fill in the details for each Gifts with a total value of more aper person Person to Whom You Gave the Gift Jumber Street State Person's relationship to you Gifts with a total value of more the Gifts wit	gift. than \$600 De	did you give any gifts with a total v	alue of more than \$6	Dates you gave the gifts	\$\$ \$

Statement of Financial Affairs for Individuals Filing for Bankruptcy

City

Number Street

Person's relationship to you

State ZIP Code

/ithin 2 years before you filed for bank	cruptcy, did you give any gifts or contributions with a total value	e of more than \$6	00 to any charity?
∕ I No			
$oldsymbol{1}$ Yes. Fill in the details for each gift or $oldsymbol{0}$	contribution.		
Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
			¢
Charity's Name			Ψ
	·		\$
Number Street			
City State ZIP Code			
t 6: List Certain Losses			
	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Describe the property you lost and	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		
Describe the property you lost and	Include the amount that insurance has paid, List pending insurance		
Describe the property you lost and	Include the amount that insurance has paid, List pending insurance		lost
Describe the property you lost and how the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		lost
Describe the property you lost and how the loss occurred T: List Certain Payments or T Within 1 year before you filed for bank ou consulted about seeking bankrupt occurred bankrupt occurred any attorneys, bankruptcy petition	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ransfers ruptcy, did you or anyone else acting on your behalf pay or trarticy or preparing a bankruptcy petition? n preparers, or credit counseling agencies for services required in your preparers.	nsfer any property	\$vto anyone
Describe the property you lost and how the loss occurred T: List Certain Payments or T Within 1 year before you filed for bank you consulted about seeking bankrupt include any attorneys, bankruptcy petition No Yes. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ransfers ruptcy, did you or anyone else acting on your behalf pay or trartcy or preparing a bankruptcy petition?	loss	\$vto anyone
Describe the property you lost and how the loss occurred 17: List Certain Payments or T Within 1 year before you filed for bank you consulted about seeking bankrupt include any attorneys, bankruptcy petition	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ransfers ruptcy, did you or anyone else acting on your behalf pay or trarticy or preparing a bankruptcy petition? n preparers, or credit counseling agencies for services required in your preparers.	nsfer any property our bankruptcy. Date payment or transfer was	\$vto anyone
Describe the property you lost and how the loss occurred Tist Certain Payments or T Within 1 year before you filed for bank you consulted about seeking bankrupt include any attorneys, bankruptcy petition No Yes. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ransfers ruptcy, did you or anyone else acting on your behalf pay or trarticy or preparing a bankruptcy petition? n preparers, or credit counseling agencies for services required in your preparers.	nsfer any property our bankruptcy. Date payment or transfer was	\$vto anyone
Describe the property you lost and how the loss occurred Tiest Certain Payments or T Within 1 year before you filed for bank ou consulted about seeking bankrupt include any attorneys, bankruptcy petition No Yes. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ransfers ruptcy, did you or anyone else acting on your behalf pay or trarticy or preparing a bankruptcy petition? n preparers, or credit counseling agencies for services required in your preparers.	nsfer any property our bankruptcy. Date payment or transfer was	\$vto anyone
how the loss occurred 1 7: List Certain Payments or T Within 1 year before you filed for bank you consulted about seeking bankrupt include any attorneys, bankruptcy petition 1 No 1 Yes. Fill in the details. Person Who Was Paid	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. ransfers ruptcy, did you or anyone else acting on your behalf pay or tranticy or preparing a bankruptcy petition? In preparers, or credit counseling agencies for services required in your period of the property transferred Description and value of any property transferred	nsfer any property our bankruptcy. Date payment or transfer was	lost \$

Case number (if known)_

MICHAEL BRAXTON

Debtor 1

n -		
De	btor	1

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid	—		\$
Number Street			\$
City State ZIP Code	— —		
Email or website address			
Person Who Made the Payment, if Not You	uptcy, did you or anyone else acting on your behalf pay oditors or to make payments to your creditors? at you listed on line 16.	or transfer any property	to anyone who
Person Who Made the Payment, if Not You thin 1 year before you filed for bankr mised to help you deal with your cre	editors or to make payments to your creditors?	or transfer any property	to anyone who
Person Who Made the Payment, if Not You thin 1 year before you filed for bankri mised to help you deal with your cre not include any payment or transfer tha	editors or to make payments to your creditors?	Date payment or transfer was	to anyone who Amount of payme
Person Who Made the Payment, if Not You thin 1 year before you filed for bankri mised to help you deal with your cre not include any payment or transfer tha	editors or to make payments to your creditors? at you listed on line 16.	Date payment or	
Person Who Made the Payment, if Not You whin 1 year before you filed for bankrismised to help you deal with your creation include any payment or transfer that No Yes. Fill in the details.	editors or to make payments to your creditors? at you listed on line 16.	Date payment or transfer was	
Person Who Made the Payment, if Not You chin 1 year before you filed for bankriomised to help you deal with your crenot include any payment or transfer that No Yes. Fill in the details. Person Who Was Paid	editors or to make payments to your creditors? at you listed on line 16.	Date payment or transfer was	

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made

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Statement of Financial Affairs for Individuals Filing for Bankruptcy

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						4.1:.3	n.				

Last	Name	•

	nin 10 years before you filed for bankr a beneficiary? (These are often called		ty to a self-s	ettled trus	t or similar device of w	hich you
ZÍ I	No					
	Yes. Fill in the details.					
						Date transfer
		Description and value of the prope	rty transferred			was made
		and contractive research and common contractive and another influence and		900 / 18 1 19 1 18 1 18 1 19 1 1 1 1 1 1 1 1	AND THE RESERVE OF THE PARTY OF	
ı	Name of trust					
						
_						
	List Certain Financial Accoun	te. Instruments. Safe Denosit	Boxes, and	d Storag	e Units	TE CONTOCO CON
226.776	<u> </u>					hanofit
	hin 1 year before you filed for bankru	otcy, were any financial accounts o	or instrumen	s neia in	your name, or for your	benent,
ios nel	sed, sold, moved, or transferred? ude checking, savings, money marke	t. or other financial accounts: cert	ificates of de	posit: sha	res in banks, credit un	ions,
ro	kerage houses, pension funds, coope	eratives, associations, and other fir	nancial instit	utions.		,
_	No	,				
	Yes. Fill in the details.					
		Last 4 digits of account number	Type of acc	ount or	Date account was	Last balance befor
		East 4 digitor of account names.	instrument		closed, sold, moved,	closing or transfer
					or transferred	
	Name of Financial Institution		Checkin	g		\$
			Savings	•		
	Number Street		☐ Money n			
		_				
		_	☐ Brokera	-		
	City State ZIP Code	garage and the garage of the second of the s	Other_	7 7 10 1 7 10		
		_ xxxx	Checkin	g		\$
	Name of Financial Institution		☐ Savings			
	Number Street	_	☐ Money n	narket		
	Number Sueet		☐ Brokera			
		_	Other_			
	City State ZIP Code	_	□ Other			
	•		_			ē
	you now have, or did you have within	1 year before you filed for bankrup	otcy, any saf	e deposit	box or other depositor	y tor
	urities, cash, or other valuables? No					
	Yes. Fill in the details.					
	res. I iii iii de dediio.	Who else had access to it?		Describe th	e contents	Do you stil
		Who clos had access to it.	james ,			have it?
						□ No
	Name of Financial Institution					Yes
	Name of Financial Institution	Name				
	Number Street	Number Street				
		Mailinet Street				1 1 1
		City State ZIP Code				T.

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 9

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or 1 MICHAEL BRAXTON First Name Middle Name	_ast Name	Case number (if known)	
lave you stored property in a storage ur		hin 1 year before you filed for bankruptcy	<i>ן</i> ?
☑ No			
Yes. Fill in the details.			
	Who else has or had access to it?	Describe the contents	Do you st
		yearananan mananan mana	have it?
			П.,.
•			☐ No
Name of Storage Facility	Name		Yes
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code	_		1
ony out of			
·			
t 9: Identify Property You Hol	d or Control for Someone Else		
Do you hold or control any property tha	t someone else owns? Include any r	property you borrowed from, are storing f	or.
or hold in trust for someone.	t someone cise owns. morado any p	toporty you sometimes trong are eleming.	,
✓ No			
Yes. Fill in the details.			
	Where is the property?	Describe the property	Value
			•
Owner's Name			\$
	Number Street		
Number Street			
	City State ZII	2 Code	
City State ZIP Code	City State ZII	Code	and the second second
t 10: Give Details About Enviro	nmental Information		
the purpose of Part 10, the following d			
<i>Environmental law</i> means any federal, s	state, or local statute or regulation co	oncerning pollution, contamination, relea	ses of
nazardous or toxic substances, wastes	, or material into the air, land, soil, s	urface water, groundwater, or other medi	um,
ncluding statutes or regulations contro	olling the cleanup of these substance	es, wastes, or material.	
Site means any location, facility, or pro-	nerty as defined under any environm	ental law, whether you now own, operate	e. or
itilize it or used to own, operate, or util	ize it. including disposal sites.	 ,, ,, ,, ,,,,,,,,,,,,,,	,
			_
Hazardous material means anything an	environmental law defines as a haza	ırdous waste, hazardous substance, toxi	С
substance, hazardous material, polluta	nt, contaminant, or similar term.		
ort all notices, releases, and proceedir	gs that you know about, regardless	of when they occurred.	
	<u> </u>	•	
las any governmental unit notified vou	that you may be liable or potentially	liable under or in violation of an environ	mental law?
and any governmental and normou you	,, p		
☑ No			
Yes. Fill in the details.			
ites. Fill in the details.			
	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Hame of Site			
Number Street	Number Street		
Number Street	Mailinei Srieer		

Statement of Financial Affairs for Individuals Filing for Bankruptcy

State ZIP Code

City

State

ZIP Code

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City

ЛІСНАЕL	BRAXION	
Elect Mama	Middle Name	Last Name

Case number	(if known)	

<u>A</u>				
	Yes. Fill in the details.	Governmental unit	Environmental law, if you know it	Date of notice
	Name of site	Governmental unit		
	Number Street	Number Street		
		City State ZIP Code		
	City State ZIP Code			
	e you been a party in any judicial or adn	ninistrative proceeding under any	environmental law? Include settleme	nts and orders.
	No Yes. Fill in the details.	01	Natura of the case	Status of the
		Court or agency	Nature of the case	case
	Case title	Court Name	i	Pending
		No. of the control of	_	On appeal
		Number Street		Conclude
	Case number	- 71D O		
		City State ZIP Cod	e	
	Give Details About Your Bus	iness or Connections to Any tcy, did you own a business or ha	Business ive any of the following connections to	o any business?
		iness or Connections to Any tcy, did you own a business or ha n a trade, profession, or other act any (LLC) or limited liability partr	Business Ive any of the following connections to its civity, either full-time or part-time	o any business?
	chin 4 years before you filed for bankrupt A sole proprietor or self-employed in A member of a limited liability comp A partner in a partnership	iness or Connections to Any tcy, did you own a business or ha n a trade, profession, or other ac- lany (LLC) or limited liability partr ecutive of a corporation	Business Ive any of the following connections to civity, either full-time or part-time hership (LLP)	o any business?
Wit	hin 4 years before you filed for bankrupt A sole proprietor or self-employed it A member of a limited liability comp A partner in a partnership An officer, director, or managing except the second of the voting of the second of the above applies. Go to Partnership of the above applies.	iness or Connections to Any tcy, did you own a business or ha n a trade, profession, or other ac- lany (LLC) or limited liability parti- ecutive of a corporation g or equity securities of a corpora	Business ave any of the following connections to divity, either full-time or part-time nership (LLP)	o any business?
Wit	thin 4 years before you filed for bankrupt A sole proprietor or self-employed it A member of a limited liability comp A partner in a partnership An officer, director, or managing exc An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill EMPOWEMENT CLINIC INC	iness or Connections to Any tcy, did you own a business or ha n a trade, profession, or other ac- lany (LLC) or limited liability parti- ecutive of a corporation g or equity securities of a corpora	Business ave any of the following connections to civity, either full-time or part-time nership (LLP) ation ness. Employer Identification	
Wit	thin 4 years before you filed for bankrupt A sole proprietor or self-employed in A member of a limited liability comp A partner in a partnership An officer, director, or managing exc An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill EMPOWEMENT CLINIC INC Business Name 8979 SOUTHEAST DIVISION S	iness or Connections to Any tcy, did you own a business or ha n a trade, profession, or other act any (LLC) or limited liability partr ecutive of a corporation g or equity securities of a corpora art 12. in the details below for each busines NON PROFIT SOCIAL SERVICE	Business ave any of the following connections to divity, either full-time or part-time hership (LLP) ation ness. Employer Identification Do not include Social	on number Security number or ITIN.
Wit	thin 4 years before you filed for bankrupt A sole proprietor or self-employed in A member of a limited liability comp A partner in a partnership An officer, director, or managing exc An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill EMPOWEMENT CLINIC INC Business Name	iness or Connections to Any tcy, did you own a business or ha n a trade, profession, or other act any (LLC) or limited liability partr ecutive of a corporation g or equity securities of a corpora art 12. in the details below for each busines NON PROFIT SOCIAL SERVICE	Business Inve any of the following connections to civity, either full-time or part-time hership (LLP) Interest of the following connections to civity, either full-time or part-time hership (LLP) Interest of the following connections to civity and connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time either full-time	on number Security number or ITIN.
Wit	thin 4 years before you filed for bankrupt A sole proprietor or self-employed in A member of a limited liability comp A partner in a partnership An officer, director, or managing exc An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill EMPOWEMENT CLINIC INC Business Name 8979 SOUTHEAST DIVISION ST Number Street PORTLAND OR 97266	iness or Connections to Any tcy, did you own a business or ha n a trade, profession, or other ac- nany (LLC) or limited liability partr ecutive of a corporation g or equity securities of a corpora art 12. in the details below for each busines NON PROFIT SOCIAL SERVICE	Business Inve any of the following connections to civity, either full-time or part-time hership (LLP) Interest of the following connections to civity, either full-time or part-time hership (LLP) Interest of the following connections to civity and connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time hership (LLP) Interest of the following connections to civity either full-time or part-time either full-time	on number Security number or ITIN. 5
Wit	chin 4 years before you filed for bankrupt A sole proprietor or self-employed in A member of a limited liability comp A partner in a partnership An officer, director, or managing exc No. None of the above applies. Go to Pa Yes. Check all that apply above and fill EMPOWEMENT CLINIC INC Business Name 8979 SOUTHEAST DIVISION S' Number Street PORTLAND OR 97266 City State ZIP Code	iness or Connections to Any tcy, did you own a business or ha n a trade, profession, or other ac- nany (LLC) or limited liability partre- ecutive of a corporation g or equity securities of a corpora- art 12. in the details below for each busines NON PROFIT SOCIAL SERVICE Name of accountant or bookkeepe	Business ave any of the following connections to divity, either full-time or part-time hership (LLP) ation ness. Employer Identification Do not include Social EIN: 20-8882206 Dates business existe From 2008 T Employer Identification	on number Security number or ITIN. 5 ed
Wit	thin 4 years before you filed for bankrupt A sole proprietor or self-employed in A member of a limited liability comp A partner in a partnership An officer, director, or managing exc An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill EMPOWEMENT CLINIC INC Business Name 8979 SOUTHEAST DIVISION ST Number Street PORTLAND OR 97266	iness or Connections to Any tcy, did you own a business or ha n a trade, profession, or other ac- lany (LLC) or limited liability partr ecutive of a corporation g or equity securities of a corpora art 12. in the details below for each busines NON PROFIT SOCIAL SERVICE Name of accountant or bookkeepe LORRI BRAXTON	Business ave any of the following connections to divity, either full-time or part-time hership (LLP) ation ness. Employer Identification Do not include Social EIN: 20-8882206 Dates business existe From 2008 T Employer Identification	on number Security number or ITIN. 6 7
Wit	chin 4 years before you filed for bankrupt A sole proprietor or self-employed in A member of a limited liability comp A partner in a partnership An officer, director, or managing exc No. None of the above applies. Go to Pa Yes. Check all that apply above and fill EMPOWEMENT CLINIC INC Business Name 8979 SOUTHEAST DIVISION S' Number Street PORTLAND OR 97266 City State ZIP Code	iness or Connections to Any tcy, did you own a business or ha n a trade, profession, or other ac- lany (LLC) or limited liability partr ecutive of a corporation g or equity securities of a corpora art 12. in the details below for each busines NON PROFIT SOCIAL SERVICE Name of accountant or bookkeepe LORRI BRAXTON	Business Ave any of the following connections to civity, either full-time or part-time nership (LLP) Ation Ation Business Employer Identification Do not include Social From 2008 T Employer Identification Dates business existed From 2008 T Employer Identification Do not include Social EIN:	on number Security number or ITIN. 5 ed To 2018 on number I Security number or ITIN.
Wit	chin 4 years before you filed for bankrupt A sole proprietor or self-employed in A member of a limited liability comp A partner in a partnership An officer, director, or managing exc An owner of at least 5% of the voting No. None of the above applies. Go to Pa Yes. Check all that apply above and fill EMPOWEMENT CLINIC INC Business Name 8979 SOUTHEAST DIVISION ST Number Street PORTLAND OR 97266 City State ZIP Code Business Name	iness or Connections to Any tcy, did you own a business or ha n a trade, profession, or other act eany (LLC) or limited liability partr ecutive of a corporation g or equity securities of a corpora art 12. in the details below for each busines NON PROFIT SOCIAL SERVICE Name of accountant or bookkeepe LORRI BRAXTON Describe the nature of the busines	Business Ave any of the following connections to civity, either full-time or part-time nership (LLP) Ation Ation Business Employer Identification Do not include Social From 2008 T Employer Identification Dates business existed From 2008 T Employer Identification Do not include Social EIN:	on number Security number or ITIN. 5 ed To 2018 on number I Security number or ITIN.

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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D 11.	
Debtor	7

MICHAEL BRAXTON

MICHAEL B		Name Case nu	imber (if known)
riistiyame	Mildie Name Last	realite	
		Describe the nature of the business	Employer Identification number
		Describe the flattic of the business	Do not include Social Security number or ITIN.
Business Name			EIN:
Number Street		Name of accountant or bookkeeper	Dates business existed
			From To
City	State ZIP Code	•	
titutions, creditors No Yes. Fill in the det	s, or other parties.	otcy, did you give a financial statement to anyo	ne about your basiness. Include an interioral
		Date issued	
Name		MM / DD / YYYY	
Number Street			
City	State ZIP Code		
·			
2≟ Sign Below	u.		
74 Sign Below			
nswers are true and connection with a	d correct. I understa	nt of Financial Affairs and any attachments, and that making a false statement, concealing prin result in fines up to \$250,000, or imprisonment	roperty, or obtaining money or property by fraud
- A A C	IR /	40	
E Michael	Drow	X	
Signature of Debto	r1	Signature of Debtor 2	
Date 12 11	<u>2</u> 018	Date	
d you attach addit	tional pages to Your	Statement of Financial Affairs for Individuals Fi	iling for Bankruptcy (Official Form 107)?
No			
Yes			
		v , , , , , , , , , , , , , , , , , , ,	
	e to pay someone wh	o is not an attorney to help you fill out bankrup	otcy forms?
1 No			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).



Clerk of Court
U.S. Bankruptcy Court
District of Oregon

In re: Michael Braxton

Dear Clerk of Court,

I am the executive director of Upsolve.org. Upsolve is a national legal aid nonprofit funded by the Legal Services Corporation and leading philanthropic foundations. We provide free Chapter 7 assistance for low-income debtors who need a fresh start but cannot afford counsel.

I am writing to notify the Court that Upsolve has assisted the above-captioned debtor in preparing their Chapter 7 forms. Upsolve is not the pro se debtor's attorney. And because we have provided our services pro bono, <u>Upsolve is not a petition preparer</u> under section 110 of the Bankruptcy Code. As a result, Official Form 119 is not required of the debtor and has not been provided.

If you have any additional questions, please do not hesitate to contact me at jonathan@upsolve.org. Please docket this letter.

Respectfully Submitted,

Tonothan Petts

Jonathan Petts